

### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not				st complete an	d sign Se	ection 1 c	of Form I-9 no later		
Last Name (Family Name)	First Name (Given Name	ne)		Middle Initial	Other L	Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City	City or Town		State		ZIP Code		
Date of Birth (mm/dd/yyyy)  U.S. Social Sectors -	urity Number Empl	-mail Addr	ess	Employee's Telephone Number					
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.  I attest, under penalty of perjury, that I am (check one of the following boxes):									
	in (check one of the	Ollow	ing boxe	es):					
1. A citizen of the United States									
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Registration Number/USCIS Number):									
4. An alien authorized to work until (expira					_				
Some aliens may write "N/A" in the expira	,		,				QR Code - Section 1		
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number  1. Alien Registration Number/USCIS Number:	OR Form I-94 Admission					Do	Not Write In This Space		
OR									
2. Form I-94 Admission Number: OR				_					
3. Foreign Passport Number:				_					
Country of Issuance:				_					
Signature of Employee				Today's Dat	e (mm/dd	/уууу)			
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and signed)	A preparer(s) and/or tra ed when preparers ar	anslator( nd/or tra	anslators a	assist an empl	oyee in c	ompletin	g Section 1.)		
I attest, under penalty of perjury, that I h knowledge the information is true and c		comple	etion of S	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)							(dd/yyyy)		
Last Name (Family Name) First Name (Given Name)									
Address (Street Number and Name)		City or	City or Town State ZIP Code				ZIP Code		

Employer Completes Next Page

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STOP



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Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You

must physically examine one documents.")										rom List C as listed on the "Lists
Employee Info from Section 1 Last Name (Family Name)					First Name (Given Name)			e) N	И.I.	Citizenship/Immigration Status
List A Identity and Employment Aut	horizatio	OR			ist B entity		AN	ID		List C Employment Authorization
Document Title			Document T	itle				Documer	nt Title	
Issuing Authority			ssuing Auth	ority				Issuing A	Authorit	у
Document Number			Document N	lumber				Docume	nt Num	ber
Expiration Date (if any)(mm/dd/yyy	ry)		Expiration D	ate (if any	y)(mm/dd/	yyyy)		Expiratio	n Date	(if any)(mm/dd/yyyy)
Document Title										
Issuing Authority			Additiona	Informa	tion					QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Certification: I attest, under per (2) the above-listed document (employee is authorized to world	s) appea	r to be	genuine ar							
The employee's first day of e				/):		(5	See in:	struction	ns for	exemptions)
Signature of Employer or Authorize	ed Repres	entative		Today's I	Date(mm/	dd/yyyy)	Title o	of Employe	er or Au	uthorized Representative
Last Name of Employer or Authorized	Representa	ative F	First Name of	Employer	or Authorize	ed Represent	tative	Employe	er's Bus	siness or Organization Name
Employer's Business or Organizati	on Addres	ss (Stree	t Number a	nd Name)	City or	Town		1	Stat	ZIP Code
Section 3. Reverification	and Re	hires (	To be com	pleted a	nd signed	d by emplo	yer or	authorize	ed rep	resentative.)
A. New Name (if applicable)				·			E	3. Date of	Rehire	(if applicable)
Last Name (Family Name)		First Na	me (Given I	Name)		Middle Initi	al	Date (mm.	/dd/yyy	y)
C. If the employee's previous grant continuing employment authorization					ed, provide	e the informa	ation fo	r the docu	ıment c	or receipt that establishes
Document Title					ment Num	ber			Expira	tion Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjur the employee presented docum										
Signature of Employer or Authorize					m/dd/yyyy)					zed Representative

# LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A  Documents that Establish  Both Identity and  Employment Authorization	OR	LIST B  Documents that Establish Identity  AN	LIST C Documents that Establish Employment Authorization			
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT		
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  Employment Authorization Document		color, and address  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information push as name data of birth.	2	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION     (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued		
	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized		information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph		by the Department of State (Form FS-545)  Certification of Report of Birth		
	to work for a specific employer because of his or her status:  a. Foreign passport; and		4. Voter's registration card  5. U.S. Military card or draft record	4.	issued by the Department of State (Form DS-1350)  Original or certified copy of birth		
	<ul><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport;</li></ul>		Military dependent's ID card     U.S. Coast Guard Merchant Mariner     Card		certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
	and  (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		8. Native American tribal document	5. Native American tribal documen			
			<ol><li>Driver's license issued by a Canadian government authority</li></ol>	6.	U.S. Citizen ID Card (Form I-197)		
			For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)		
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>	8.	Employment authorization document issued by the Department of Homeland Security		
	the United States and the FSM or RMI						

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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