

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.

an individual because the documer	itation presented	d has a future	expira	ition date	may also cons	titute ille	gai discri	mination.		
Section 1. Employee Information the first day of employment,					st complete an	ıd sign S	ection 1 d	of Form I-9 no later		
Last Name (Family Name)	First Na	ame (Given Name)			Middle Initial	Other	Last Names Used <i>(if any)</i>			
Address (Street Number and Name)	Apt. Number City or Tov			1	<u> </u>	State	ZIP Code			
Date of Birth (mm/dd/yyyy) U.S. So	ber Employee's E-mail Address			ress	Employee's Telephone Number					
I am aware that federal law provi	of this form.					or use o	f false do	ocuments in		
I attest, under penalty of perjury,	that I am (chec	ck one of the	tollow	ing boxe	es): 					
1. A citizen of the United States										
2. A noncitizen national of the Unite	-		•							
3. A lawful permanent resident (
4. An alien authorized to work un Some aliens may write "N/A" in t				-		-				
Aliens authorized to work must provid An Alien Registration Number/USCIS	e only one of the f Number OR Form	following docum n I-94 Admission	ent nui n Numb	mbers to co er OR Fore	omplete Form I-9 eign Passport Nu): umber.	Do	QR Code - Section 1 o Not Write In This Space		
Alien Registration Number/USCIS OR	Number:				_					
2. Form I-94 Admission Number: OR	11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-									
3. Foreign Passport Number:										
Country of Issuance:										
Signature of Employee					Today's Date (mm/dd/yyyy)					
Preparer and/or Translator I did not use a preparer or translator (Fields below must be completed a	. A prepaind signed when	rer(s) and/or trai preparers an	nslator(d/or tra	anslators .		oyee in d	completin	g Section 1.)		
l attest, under penalty of perjury, knowledge the information is true		isted in the o	omple	etion of S	ection 1 of th	is form	and that	to the best of my		
Signature of Preparer or Translator						Today's	Foday's Date (mm/dd/yyyy)			
Last Name (Family Name)				First Name	e (Given Name)					
Address (Street Number and Name)			City or	Town			State	ZIP Code		
							l			



Employer Completes Next Page





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

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 document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.") Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status Employee Info from Section 1 List B AND List C List A OR **Employment Authorization** Identity and Employment Authorization Identity Document Title **Document Title Document Title** Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Document Title QR Code - Sections 2 & 3 Additional Information Issuing Authority Do Not Write In This Space Document Number Expiration Date (if any)(mm/dd/yyyy) Document Title **Issuing Authority** Document Number Expiration Date (if any)(mm/dd/yyyy) Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions) Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name State City or Town ZIP Code Employer's Business or Organization Address (Street Number and Name) Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy) C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. **Document Number** Expiration Date (if any) (mm/dd/yyyy) Document Title l attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Name of Employer or Authorized 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	LIST C Documents that Establish Employment Authorization AND			
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary)	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 color, and address		A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION		
_	l-551 printed notation on a machine- readable immigrant visa		 ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph 		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
4.	Employment Authorization Document that contains a photograph (Form I-766)				Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)		
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	Voter's registration card		3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or		
	a. Foreign passport; andb. Form I-94 or Form I-94A that has		U.S. Military card or draft recordMilitary dependent's ID card		territory of the United States bearing an official seal		
	the following: (1) The same name as the passport;	7. U.S. Coast Guard Merchant Mariner Card			Native American tribal document U.S. Citizen ID Card (Form I-197)		
(2) An nor tha not pro con	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		Native American tribal document Driver's license issued by a Canadian government authority		Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security		
6.	the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.