

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 the first day of employment, but			•	st complete an	d sign Se	ection 1 o	of Form I-9 no later		
Last Name (Family Name)	First Name (Given Na	First Name (Given Name)				Other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Numbe	r City	or Town		1	State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number Em	rity Number Employee's E-mail Addr			Е	Employee's Telephone Number			
am aware that federal law provides connection with the completion of the	nis form.				or use of	false do	ocuments in		
attest, under penalty of perjury, tha	it I am (check one of the	ie rollov	wing boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the United St									
3. A lawful permanent resident (Alien	Registration Number/USC	CIS Numb	per): 						
4. An alien authorized to work until (e			_		_				
Some aliens may write "N/A" in the e			,				QR Code - Section 1		
Aliens authorized to work must provide on An Alien Registration Number/USCIS Nun						D	o Not Write In This Space		
Alien Registration Number/USCIS Num OR	nber:			_					
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 Ce I did not use a preparer or translator. (Fields below must be completed and s	A preparer(s) and/or to signed when preparers a	translator and/or ti	anslators a	assist an empl	oyee in c	completin	g Section 1.)		
attest, under penalty of perjury, tha knowledge the information is true an		comp	etion of S	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator	10 00110011				Today's [Date (mm/	/dd/yyyy)		
Last Name (Family Name)			First Name	e (Given Name)					
Address (Street Number and Name)		City o	. Town			State	ZIP Code		

Employer Completes Next Page



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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 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.")

Employee Info from Section 1	Last Name (F	amily Name)		First Nan	First Name (Given Name		M.I.	Citizer	nship/Immigration Status
List A)R	List		A	ND			List C
Identity and Employment Auth	orization		lden	tity					yment Authorization
Document Title		Document 7	Γitle			Docum	ent litle	;	
Issuing Authority		Issuing Auth	nority			Issuing	Author	ity	
Document Number		Document N	Number			Docum	ent Nur	nber	
Expiration Date (if any)(mm/dd/yyyy	y)	Expiration D	Date (if any)(i	mm/dd/yyy	yy)	Expirati	on Date	e (if any	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additiona	I Informatio	n					Code - Sections 2 & 3 ot Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yyyy	y)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy	y)								
Certification: I attest, under pe (2) the above-listed document(s employee is authorized to work The employee's first day of ea	s) appear to I in the Unite	be genuine a d States.	nd to relate		nployee name		3) to th	ne best	t of my knowledge the
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative									
orginature of Employer of Authorize	a representat	iivC	Today 3 Da	ic (mm/aa,	/yyyy/	or Employ	yei oi A	iuti ioi iz	ed Representative
Last Name of Employer or Authorized F	Representative	First Name of	f Employer or <i>i</i>	Authorized I	Representative	Employ	er's Bu	siness	or Organization Name
Employer's Business or Organization	on Address (St	treet Number a	ind Name)	City or To	own	,	Sta	ite	ZIP Code
Section 3. Reverification a	and Rehire	s (To be con	npleted and	signed b	y employer o	r authori.	zed rei	oresen	tative.)
A. New Name (if applicable)		,		0		B. Date of			
Last Name (Family Name)	First	Name (Given	Name)	М	iddle Initial	Idle Initial Date (mm		n/dd/yyyy)	
C. If the employee's previous grant continuing employment authorization				provide th	ne information f	or the doo	cument	or rece	ipt that establishes
Document Title Docume			ent Number Expirat				ation Da	tion Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury the employee presented docum									
Signature of Employer or Authorize	d Representat	tive Today's	s Date (mm/c	ld/yyyy)	Name of En	nployer or	Author	ized Re	epresentative

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	۱D	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) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	-	 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 ID card issued by federal, state or local government agencies or entities, 		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 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	-	 School ID card with a photograph Voter's registration card U.S. Military card or draft record 	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4. 5.	
	(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.	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		10. School record or report card11. Clinic, doctor, or hospital record12. 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.