

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 than the first day of emplo					ust complete an	d sign S	ection 1 d	of Form I-9 no later
Last Name (Family Name)	First Name (G	iven Name)	Middle Initial	Other	Last Name	s Used (if any)	
Address (Street Number and N	Apt. I	Number	City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)	curity Number	Employ	ree's E-mail Add	Iress	E	Employee's Telephone Number		
am aware that federal lav	letion of this f	form.				or use o	f false do	ocuments in
attest, under penalty of p	erjury, that I a	am (check on	e of the f	ollowing box	es):			
1. A citizen of the United S	tates							
2. A noncitizen national of	the United States	s (See instructio	ns)					
3. A lawful permanent resid	dent (Alien Re	gistration Numb	er/USCIS I	Number):				
4. An alien authorized to w	ork until (expira	ation date, if ap	olicable, m	m/dd/yyyy):				
Some aliens may write "	N/A" in the expira	ation date field.	(See instru	uctions)				
Aliens authorized to work mus An Alien Registration Number	/USCIS Number	OR Form I-94					Di	QR Code - Section 1 o Not Write In This Space
1. Alien Registration Number OR					_			
2. Form I-94 Admission Num OR	oer:							
3. Foreign Passport Number	: <u> </u>				<u></u>			
Country of Issuance:								
Signature of Employee					Today's Dat	e (mm/da	d/yyyy)	
Preparer and/or Trans	slator Certif	fication (ch	eck on	e):				
I did not use a preparer or t					d the employee in		-	
Fields below must be comp					· · · · · · · · · · · · · · · · · · ·	•		•
attest, under penalty of particular attest, under penalty of particular attention attention at the state of t			in the co	ompletion of s	Section 1 of th	is form	and that	to the best of my
Signature of Preparer or Trans	ator					Today's	Date (mm/	/dd/yyyy)
_ast Name (Family Name)				First Nam	ne (Given Name)			
Address (Street Number and N	lame)		C	City or Town			State	ZIP Code

STOP

Employer Completes Next Page

STOP



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Citizenship/Immigration Status

Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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.")

First Name (Given Name)

Employee Info from Section 1	Last Name (Fa	mily Name)		FIISLIN	ame (Given	ivarrie	i) IVI	.i. Citize	ensnip/immigration Status
List A Identity and Employment Auth	OI orization	R	List Iden			AN	ID	Emp	List C loyment Authorization
Document Title		Document T	itle				Documen	t Title	
Issuing Authority		Issuing Auth	ority				Issuing A	uthority	
Document Number		Document N	lumber				Documen	t Number	
Expiration Date (if any)(mm/dd/yyyy	')	Expiration D	ate (if any)(r	nm/dd/y	ууу)		Expiration	Date (if ar	ny)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additional	I Informatio	n					R Code - Sections 2 & 3 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 per (2) the above-listed document(s employee is authorized to work The employee's first day of er) appear to be in the United	e genuine ar States.	nd to relate		employee	name		to the bes	st of my knowledge the
Signature of Employer or Authorized	d Representativ	/e	Today's Dat	te (mm/	dd/yyyy)	Title o	of Employe	r or Authori	zed Representative
Last Name of Employer or Authorized R	First Name of Employer or Authorized Representative			ative	Employer's Business or Organization Name				
Employer's Business or Organization	n Address (Str	eet Number a	nd Name)	City or	Town		1	State	ZIP Code
Section 3. Reverification a	and Rehires	(To be com	pleted and	signed	l by employ	er or	authorize	d represe	ntative.)
A. New Name (if applicable)						E	3. Date of F	Rehire (if ap	oplicable)
Last Name (Family Name)	First N	lame (Given I	Name)		Middle Initia	al I	Date (mm/d	dd/yyyy)	
C. If the employee's previous grant continuing employment authorization				provide	the informa	tion fo	r the docur	ment or rec	eipt that establishes
Document Title			Docume	nt Num	ber			Expiration D	Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum									
Signature of Employer or Authorized	d Representativ	/e Today's	Date (mm/a	ld/yyyy)	Name	of Emp	oloyer or A	uthorized R	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 ND			
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		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		
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		2. 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,		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued		
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record	4.	by the Department of State (Forms DS-1350, FS-545, FS-240) 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 the following:(1) The same name as the passport;	t;	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)		
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
6	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:		Employment authorization document issued by the Department of Homeland Security		
0.	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		 School record or report card Clinic, doctor, or hospital record 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.

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