

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						st complete ar	nd sign Se	ection 1 c	of Form I-9 no later	
Last Name (Family Name)		First Name (Given Name)			,	Middle Initial	Other L	s Used (if any)		
Address (Street Number and Name)		Apt.	Number	umber City or Town		I		State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Nu		urity Number	Employ	/ee's E	s E-mail Address		E	Employee's Telephone Number		
I am aware that federal lav			ent and/or	fines	s for false	statements of	or use of	false do	cuments in	
attest, under penalty of p	erjury, that I a	ım (check or	ne of the f	ollow	ving boxe	s):				
1. A citizen of the United S	tates									
2. A noncitizen national of	the United States	s (See instructi	ions)							
3. A lawful permanent resid	dent (Alien Re	gistration Num	ber/USCIS	Numb	er):					
4. An alien authorized to w	ork until (expira	ation date, if a	oplicable, m	ım/dd/	′уууу):					
Some aliens may write "	N/A" in the expira	ation date field	. (See instr	ruction	ns)					
Aliens authorized to work mus An Alien Registration Number								Do	QR Code - Section 1 Not Write In This Space	
Alien Registration Number OR						_				
2. Form I-94 Admission Numl	ber:					_				
3. Foreign Passport Number	<u> </u>									
Country of Issuance:						_				
Signature of Employee						Today's Da	Today's Date (mm/dd/yyyy)			
Preparer and/or Trans I did not use a preparer or to (Fields below must be comp.) I attest, under penalty of p	ranslator. ✓ bleted and sign	A preparer(s) ed when prep	and/or tran	slator(anslators a	•	loyee in c	ompletin	g Section 1.)	
knowledge the information				Jp.				and that	to the boot of my	
Signature of Preparer or Translator							Today's Date (mm/dd/yyyy)			
Last Name (Family Name) First					First Name	Name (Given Name)				
Address (Street Number and N	lame)			City or	Town			State	ZIP Code	

STOP

Employer Completes Next Page

STOP