



Email Enablement Form

First Name: _____

Last Name: _____

Title/Designation: _____

Reporting to: _____

Joining Date: _____

Cell No: _____

Personal Email ID: _____

OFFICIAL USE:

Approved by: _____

Procedure: Please fill this form and send to the HR Operations. Email enablement process may take 1 to 2 business days.



Background Statement

I, _____, (as it appears in the passport) hereby attest to SITA HEALTH & LIFE SCIENCES that I have never been involved in any illegal activities both criminal and civil. I am not a part of any court actions civil or criminal past or present. (This does not apply to vehicle parking tickets or vehicle traffic tickets.)

I, _____, hereby attest to SITA HEALTH & LIFE SCIENCES that I have never given false or misleading information to anyone to gain entry or admission into the United States.

I, _____, hereby attest to SITA HEALTH & LIFE SCIENCES that I have not given any false or misleading information to gain employment at SITA HEALTH & LIFE SCIENCES.

I am aware and also authorize SITA to request for a consumer report or an investigative consumer report enabling them to retrieve an information about my character, work habits, performance, experience, along with reasons for termination of past employment, history of - Workers' compensation injuries, driving record, court record, education, credentials, credit and references.

Full Name _____

Soc. Sec. # _____

Address _____

Phone # _____

I would be more than happy to co-operate and provide any additional information required.

Signature: _____

Date: _____



Employee Personal Data Information Form

SITA CORP maintains contact information for our employees in case of emergency. Please complete the form (be sure to print neatly) and send it to Human Resources along with the other forms filled.

Name of Employee: _____
(Last) (First) (Middle)

Hire (Joining) Date: _____ Birth date: _____

Social Security #: _____ Sex: M ☐ F ☐

Visa Status: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Spouse Name: _____
(Last) (First) (Middle)

Birth date (optional): _____ E-mail: _____

Employer Name: _____

Occupation: _____ Work Phone #: _____

Emergency Contact Name: _____
(Last) (First) (Middle)

Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell / Pager #: _____

Alternate Name: _____
(Last) (First) (Middle)



Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell / Pager #: _____

Doctors Name: _____ Doctors Phone #: _____

Allergic to Medication: _____

Any other telephone #: _____

Any other email addresses: _____

OFFICIAL USE ONLY:

Hiring Manager: _____ Salary: _____

Referenced by: _____



Equipment Usage Form

To
HR Manager,
SITA HEALTH & LIFE SCIENCES
347 Elizabeth Ave Suite 200
Somerset NJ 08873

Sub: **Use of SITA Equipment**

I would like to confirm the following equipment of SITA HEALTH & LIFE SCIENCES is in my possession,

Laptop

PC

Printer

Cell Phone

Other, Specify_____.

(1) Specification of the equipment:

Make: _____

Model: _____

Serial NO: _____

Date borrowed: _____ Purpose: _____

Expected return date: _____

In the event of loss or damage to the equipment, I will pay or replace at purchase value of the same.

I also understand that I will return the equipment, within 05 business days, under following causes:

(1) Termination of my employment with SITA HEALTH & LIFE SCIENCES.

(2) Should the company request the property back at any time.

OR

(3) As soon as I get my own equipment within reasonable time(Expected return date _____).

Yours sincerely

Signature:

Name: _____ SS No: _____ Designation: _____

Residential Address: _____ Ph: _____

City: _____ State: _____



Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, SITA HEALTH & LIFE SCIENCES to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information

Employee Name (please print) _____ Social Security Number. _____

I wish to: ☐ Begin Deposit ☐ Change Information ☐ Cancel

Bank Name: _____

Routing Number: _____

☐ Checking Acct# _____ I wish to deposit (✓one) ☐ \$ _____ .00 ☐ Entire Net Pay

☐ Savings Acct# _____ I wish to deposit (✓one) ☐ \$ _____ .00 ☐ Entire Net Pay

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. A letter of resignation will also serve to cancel this agreement between the COMPANY and me.

Employee Signature

Date

Company

347 Elizabeth Ave,
Somerset, NJ 08873

Phone: 732-906-7806
Fax: 908-603-0040



Company Signature

Date

☐ **1** have received and set up the direct deposit requested. **1** prenote will be sent to the bank for confirmation on the following payroll (date). Pending BANK confirmation of receiving this prenote, a direct deposit of actual funds will follow with the next payroll.

Please attach a VOIDED check and Deposit slip to this form.



SITA HEALTH & LIFE SCIENCES INTERNET USE AGREEMENT FOR EMPLOYEES **TERMS AND** **CONDITIONS**

An Internet account will be issued only upon receipt of a signed copy of this agreement.

Authorized Use

The use of your account must be used to support business activities.

Privilege

Use of a SITA HEALTH & LIFE SCIENCES Internet account or any client account is a privilege, not a right.

Network Etiquette

You are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

1. Maintain the security of the network by keeping information, especially passwords and account numbers, private.
2. Refrain from behavior or activity that damages or disrupts the performance of the network.
3. Use the network for approved, legal activities which have educational relevance and are limited to job-related activities.
4. Job-related activities include research and educational tasks that may be found via the Internet that would help in an Employee's role.
5. Honor all rules of copyright and personal property.
6. Avoid the knowing or inadvertent spread of computer viruses.
7. Emails sent via the company email system should not contain content that is deemed to be offensive. Use only acceptable appropriate language. Avoid offensive or inflammatory speech.
8. Use real name in all communications. Impersonation, anonymity, or pseudonyms are not permitted.
9. Note that all electronic mail (email) is not guaranteed to be private. Individuals who operate the system will have access to all mail. Messages relating to or in furtherance of illegal activities will be reported to the authorities.
10. All Internet data that is composed, transmitted and/or received by SITA HEALTH & LIFE SCIENCES computer systems is considered to belong to SITA HEALTH & LIFE SCIENCES and is



recognized as part of its official data. It is therefore subject to disclosure for legal reasons or to other appropriate third parties.

Inappropriate Use is the Employee's Personal Liability

Inappropriate use includes, but is not limited to, those uses that violate the law, that are specifically named as violations in this document, that violate the rules of network etiquette or that hamper the integrity or security of this or any networks connected to the Internet.

1. Sending or posting discriminatory, harassing, or threatening messages or images on the Internet or via SITA HEALTH & LIFE SCIENCES or clients email service.
2. Using computers to perpetrate any form of fraud, and/or software, film or music piracy.
3. Stealing, using, or disclosing someone else's password without authorization.
4. Downloading, copying or pirating software and electronic files that are copyrighted or without authorization.
5. Sharing confidential material, trade secrets, or proprietary information outside of the organization.
6. Hacking into unauthorized websites.
7. Sending or posting information that is defamatory to the company, its products/services, colleagues and/or customers.
8. Introducing malicious software onto the company network and/or jeopardizing the security of the organization's electronic communications systems.
9. Sending or posting chain letters, solicitations, or advertisements not related to business purposes or activities.
10. Passing off personal views as representing those of the organization.

Violation of law

Transmission of any material in violation of any international, US or state law is prohibited. This includes, but is not limited to: copyrighted material, threatening, harassing or obscene material, or material protected by trade secret. Any attempt to break the law while using a SITA HEALTH & LIFE SCIENCES or client Internet account or while connected to the Internet through a SITA HEALTH & LIFE SCIENCES IP (Internet Protocol) address is considered the Employees personal liability and may result in litigation



against the offender by the proper authorities. If such an event should occur, SITA HEALTH & LIFE SCIENCES will fully comply with the authorities to provide any information necessary for the litigation process.

Commercial Use

Use for commercial, income-generating or “for-profit” activities or product advertisement is prohibited.

Vandalism/Mischief

Vandalism and mischief are prohibited. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any networks that are connected to the Internet. This includes, but is not limited to, the deliberate creation and/or propagation of computer viruses. Sending unsolicited junk mail or chain letters, is prohibited. Any interference with the work of other users, with or without malicious intent, is construed as mischief and is strictly prohibited.

User ID Violations

Once a User ID is issued, the user is responsible for all actions taken while using that User ID. Sharing of a User ID with another person is prohibited.

Electronic Mail Violations

Forgery of electronic mail messages is prohibited. Reading, deleting, copying, or modifying the electronic mail of other users is prohibited.

File/Data Violations

Deletion, examination, copying, or modification of files and/or data belonging to other users is prohibited.



Consequences of policy violation

An attempt to violate the provisions of this policy may result in revocation of the users Internet access privileges and/or account.

Additional consequences

Company disciplinary actions, including termination and/or appropriate legal action may be taken.

Security

Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem on the Internet, you must notify your Supervisor. Do not demonstrate the problem to other users. Do not use another individual's account at any time. Attempts to log on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to Internet.

DISCLAIMER

SITA HEALTH & LIFE SCIENCES makes no warranties of any kind, whether expressed or implied, for the Internet

services it is providing. SITA HEALTH & LIFE SCIENCES will not be responsible for any damages suffered by users.

This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or user errors or omissions. SITA HEALTH & LIFE SCIENCES is not

responsible for phone/credit card bills or any other charges incurred by users. Use of any information obtained via the Internet is at the user's own risk for the user's own purpose. SITA CORP specifically denies any responsibility for the accuracy or quality of information obtained through its Internet facilities.

This agreement remains in force until superseded by another document.



SITA HEALTH & LIFE SCIENCES INTERNET USE AGREEMENT

For the Employee:

"I understand and will voluntarily abide by SITA HEALTH & LIFE SCIENCES's Internet Use Agreement. I further

understand that any violation of the Internet Use Agreement is unethical and may constitute a criminal offense. Should I commit any violation, I understand that it is my personal liability. That my access privileges may be revoked. In addition, disciplinary action and/or appropriate legal action may be taken. Signature at the end of this document indicate that I have read the SITA HEALTH & LIFE SCIENCES Internet Use Agreement carefully, understand its

significance, and voluntarily agree to comply fully with all terms and conditions therein."

Employee Signature_____ Date_____

Please identify All Devices including PC, SmartPhone, IPOD and IPAD that you may use to access the network.

Machine ID_____

Machine ID_____

Machine ID_____

Machine ID_____



Training Fee Repayment Agreement

In the Global IT workplace, investment in training is essential if businesses hope to keep pace with competition. The constant look for more efficient ways to manage business in technology and speed become critical to business success. Employees need to keep their pace up to the market speeds to reach the company's expectations. It's their responsibility to learn the new technologies needed. As a result, SITA HEALTH & LIFE SCIENCES invests and encourages the employees to attend IN-HOUSE / OUT-HOUSE Training Programs.

Training Fee Repayment Agreement: Due to the huge amount of investment in training programs, SITA HEALTH & LIFE SCIENCES expects its employees attending any training programs to sign a repayment agreement. If an employee leaves the company after attending a training program within six (6) months of time, SITA HEALTH & LIFE SCIENCES expects the employees to re-pay the cost involved in the training program. Cost is -paid time for the duration attending the training program, training fees, travel and other related expenses.

I _____ hereby agree to pay the training fee, travel expenses, training material & software usage, system access and other related costs invested in me by the company if I leave the company within 6 months period of time after the training/s attended.

Full Name:

Address:

Signature:



SITA VPN APPLICATION FORM

Employee Name: * _____
(Last Name) (First Name)

Position: _____

Contact Number: * _____
(Landline) (Mobile)

SITA HEALTH & LIFE SCIENCES email:

Personal email: * _____

SAP Skills: * _____

Date to Access VPN: Duration: _____

Place from where Accessing VPN: _____

Access for: SAP R/3 / CRM / BW / Enterprise Portals / NetWeaver / Other. – (Circle one)

Explain the purpose of Access: _____

I, the under signed Mr./Ms. , fully aware & understand that the use of SITA HEALTH & LIFE SCIENCES's VPN access is an obligation, not the right and is fully private & confidential, not be used for any personal reason other than SITA HEALTH & LIFE SCIENCES authorize me to do for the purpose of business. I also here by authorize SITA HEALTH & LIFE SCIENCES management to take any legal action/disciplinary action against me for any of my non-professional/unauthorized use of VPN Access.

Signature: _____

OFFICIAL USE:

Approved By: _____ Date: _____

Approval Procedure: Please e-mail this form filled to the attention of HR Operations for the approval.



Dated: January 29th, 2021

Ms. Xuan Zhou

Dear Xuan Zhou,

We are pleased to offer you employment as **UI Developer** reporting to NJ Office effective from **February 01st, 2021** on the terms and conditions stated in this letter. Your annualized base compensation will be **\$17/Hour (Not more than 20 hours/week)**.

Your employment with the Company will be permanent only after 90 days of probation.

This offer is subject to your representation and warranty (Which will be confirmed by your signature below) that you are not a party to any agreement or contract which limits your ability to work for or perform services for SITA HEALTH & LIFE SCIENCES as of **February 01st, 2021** and that you are free to accept employment with SITA HEALTH & LIFE SCIENCES without limitation. This offer is further subject to your representation and warranty that you are currently legally authorized to work in the United States. SITA HEALTH & LIFE SCIENCES will verify your employment eligibility by requiring you to complete a Form 1-9 on your first day of employment.

Your employment is also contingent upon the successful completion of our pre-employment screening process. SITA HEALTH & LIFE SCIENCES further requires that you sign our Confidentiality Agreement on your start date. This requirement is also a prerequisite to your employment with SITA. The Confidentiality Agreement is to ensure that all proprietary information, documents, and literature obtained during your association with SITA HEALTH & LIFE SCIENCES will not be utilized by you at any point of time to undermine the interests of SITA HEALTH & LIFE SCIENCES or its client companies. We will be happy to provide the details of this Confidentiality to you upon request.

While I hope that we both find our professional relationship mutually beneficial, this is an exempt position and your employment is at will. This means that your employment with SITA, should you accept this offer, will not be for any specific term and may be terminated by you or by SITA HEALTH & LIFE SCIENCES at any time with or without cause and without notice during your probation time and With or Without Notice after your probation period. However, we request that if you choose to resign your employment, you provide SITA HEALTH & LIFE SCIENCES two weeks' notice in between the projects and four weeks while you are in the project.

Any contrary representations or agreements, which may have been made to you, are superseded by this offer. The at-will nature of your employment described in this offer letter shall constitute the entire agreement between you and SITA HEALTH & LIFE SCIENCES



concerning the duration of your employment and the circumstances under which either you or the Company may terminate the employment relationship.

No person affiliated with SITA HEALTH & LIFE SCIENCES has the authority to enter into any oral agreement that changes the at-will status of employment with the Company. The at-will term of your employment can only be changed in a writing signed by you and the President of SITA HEALTH & LIFE SCIENCES which expressly states the intention to modify the at-will term of the employment. By signing below and accepting this offer you acknowledge and agree that length of employment, promotions, positive performance reviews, pay increases, increases in job duties or responsibilities and other changes during employment will not change the at-will term of your employment with SITA HEALTH & LIFE SCIENCES and will not create any implied contract requiring cause for termination of employment.

In addition to your compensation set forth above, SITA HEALTH & LIFE SCIENCES also provides its employees with a competitive benefits package. For your convenience, a summary of benefits is attached as "Exhibit – A". The summary of benefits is for informational purposes and is not a guarantee of benefits. SITA HEALTH & LIFE SCIENCES reserves the right to revise its benefits offerings at any time.

As an employee of SITA, you will be required to comply with all Company policies and procedures. In particular, you will be required to familiarize yourself with and to comply with SITA's policy prohibiting unlawful harassment and discrimination and the policy concerning drugs and alcohol. Violations of these policies may lead to immediate termination of employment.

In closing, let us state that we would be happy to have you join our team. If you accept this offer under the terms described above, please so indicate by signing and dating the additional copy of this letter in the space provided below, completing the other enclosed forms and returning it to the address below within 5 business days of your receipt of this letter.

Sincerely,

Manager - Human Resources



I accept your offer of employment. No other oral or written commitments have been made concerning my employment.

Signature: _____

Printed Name: **Ms. Xuan Zhou**

Date: _____

The above signed is an agreement which has been made and entered by and between SITA HEALTH & LIFE SCIENCES, a New Jersey Corporation and **Xuan Zhou** WHEREAS, above signed is an employee to the following, as a pre-condition to receiving any work pursuant to the agreement between SITA HEALTH & LIFE SCIENCES and the employee.

As to any person or entity, including but not limited to SITA HEALTH & LIFE SCIENCES's Client or any Intermediary party, to whom I have been introduced as a result of contract with Company, for a period of one (1) year from the date that you leave SITA HEALTH & LIFE SCIENCES, I will not directly or indirectly, through any person or entity.

- Engage in any activity or take any action, which may direct from SITA HEALTH & LIFE SCIENCES any business opportunities.
- Enter into any business relationship with or cause or influence any persons or organizations to diminish commercial dealings with SITA HEALTH & LIFE SCIENCES.
- Will not compete with SITA HEALTH & LIFE SCIENCES by soliciting or accepting any engagement other than through the SITA HEALTH & LIFE SCIENCES.
- Will not take any type of assignments or employment with SITA HEALTH & LIFE SCIENCES's client OR Company's Client's Client introduced by SITA HEALTH & LIFE SCIENCES.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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 and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



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 10/31/2022

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 (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
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)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title 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	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (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 Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I 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
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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	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; 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. 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 		<ol style="list-style-type: none"> 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 color, and address 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, 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 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.