

### **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 than the first day of employment, but not				st complete an	d sign Se	ection 1 of	Form I-9 no later	
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 Sec	ate of Birth (mm/dd/yyyy)  U.S. Social Security Number Employee's E-				Er	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 a	am (check one of th	e follow	ing boxe	es):				
1. A citizen of the United States								
2. A noncitizen national of the United States (See instructions)								
3. A lawful permanent resident (Alien Registration Number/USCIS Number):								
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. (See instructions)								
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.  QR Code - Section 1 Do Not Write In This Space								
Alien Registration Number/USCIS Number:     OR				_				
2. Form I-94 Admission Number:								
OR 3. Foreign Passport Number:								
Country of Issuance:				_ 				
Signature of Employee Sarah Abdorab Today's Date (mm/						<sup>dd/yyyy)</sup> 10/19/2022		
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)						d/yyyy)		
Last Name (Family Name) First Name (Given Name)								
ddress (Street Number and Name)  City or Town					State	ZIP Code		

STOP

Employer Completes Next Page

STOP

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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 docume of Acceptable Documents.")			ation of one	document fi	rom List B a	nd one doc	umen			
Employee Info from Section 1	ast Name <i>(Fai</i>	mily Name)		First Name	e (Given Nar	me)	M.I.	Citizen	ship/Immigration Status	
List A Identity and Employment Autho	OF rization	2	List Iden		P	AND		Emplo	List C byment Authorization	
Document Title		Document T	itle			Docume	ent Tit	е		
Issuing Authority Issu			ssuing Authority				Issuing Authority			
Document Number Doc			Document Number				Document Number			
Expiration Date (if any) (mm/dd/yyyy) Expirati			ration Date (if any) (mm/dd/yyyy)				Expiration Date (if any) (mm/dd/yyyy)			
Document Title										
Issuing Authority Additional Information			l Informatio	ion			QR Code - Sections 2 & 3 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 pena (2) the above-listed document(s) employee is authorized to work in	appear to be	genuine ar								
The employee's first day of em	ployment (r	nm/dd/yyyy	/):		(See	instructio	ns fo	r exem	ptions)	
Signature of Employer or Authorized Representative Today's			Today's Da	te (mm/dd/y	e of Employ	f Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of Employ			Employer or <i>i</i>	Authorized Representative Emp			ployer's Business or Organization Name			
Employer's Business or Organization	Address (Stre	et Number a	nd Name)	City or Tov	vn		St	ate	ZIP Code	
Section 3. Reverification ar	nd Rehires	(To be com	pleted and	signed by	employer (	or authoriz	zed re	presen	tative.)	
A. New Name (if applicable)						B. Date of Rehire (if applicable)				
Last Name (Family Name)	First Name (Given Name)			Mid	Date (mr	Date (mm/dd/yyyy)				
<b>C.</b> If the employee's previous grant of continuing employment authorization				provide the	information	for the doo	umen	t or rece	ipt that establishes	
Document Title			Docume	cument 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 Dat			Date (mm/c	ld/yyyy)	mployer or	ployer 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	Docur	LIST B nents that Establish Identity	ID	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		State or o United St photogra name, da	cense or ID card issued by a putlying possession of the tates provided it contains a ph or information such as the of birth, gender, height, eyed address	1.	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			
4.	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,		2.	INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued			
	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized		gender, h	eight, eye color, and address  Card with a photograph		by the Department of State (Forms DS-1350, FS-545, FS-240)  Original or certified copy of birth			
	to work for a specific employer because of his or her status:  a. Foreign passport; and b. Form I-94 or Form I-94A that has		5. U.S. Milit	egistration card ary card or draft record ependent's ID card		certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal			
	the following: (1) The same name as the passport; and		Card	st Guard Merchant Mariner	5.	U.S. Citizen ID Card (Form I-197)			
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Driver's license issued by a Canadian government authority			Identification Card for Use of Resident Citizen in the United States (Form I-179)			
	proposed employment is not in conflict with any restrictions or limitations identified on the form.			ns under age 18 who are to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security			
6.	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		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>						

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

Refer to the instructions for more information about acceptable receipts.

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