

Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

ast Name (Family Name)	First Name (Given Nar	nb offer.) me) Middle Initial	Other Names	Used (if	any)
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Address (Street Number and Name)	Apt. Number	City or Town	Sta	ate	Zip Code
ate of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address				Telephone Number	
am aware that federal law provide		or fines for false statements	or use of fa	ise dod	cuments in
attest, under penalty of perjury, t		following):			
A citizen of the United States					
A noncitizen national of the Unite	ed States (See instructions)				
A lawful permanent resident (Alie	en Registration Number/US0	CIS Number):			
An alien authorized to work until (ex (See instructions)	piration date, if applicable, mm	/dd/yyyy)	. Some aliens	may writ	e "N/A" in this field.
For aliens authorized to work, pr	ovide your Alien Registration	n Number/USCIS Number O	R Form I-94 /	Admissi	on Number:
Alien Registration Number/US OR	SCIS Number:			Do No	3-D Barcode ot Write in This Space
2. Form I-94 Admission Number	•			DO NO	ot write iii Tilis Spat
If you obtained your admission States, include the following:	n number from CBP in conn	ection with your arrival in the	United		
Foreign Passport Number:					
Country of Issuance:					
Some aliens may write "N/A"	on the Foreign Passport Nu	mber and Country of Issuand	e fields. (See	instruc	tions)
Signature of Employee: Date (mr			Date (mm/c	n/dd/yyyy):	
Preparer and/or Translator Ce	rtification (To be complete	ed and signed if Section 1 is	prepared by a	a persor	other than the
attest, under penalty of perjury, t nformation is true and correct.	that I have assisted in the	completion of this form an	d that to the	best of	my knowledge th
ignature of Preparer or Translator:				Date (mm/dd/yyyy):	
ast Name (Family Name)		First Name (Giv	ven Name)	1	