

### **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 Information than the first day of employment, but not				st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Nar	ne)		Middle Initial		ast Names	s Used <i>(if any)</i>		
Address (Street Number and Name)	Apt. Number	City	or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	urity Number Empl	oyee's E	E	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	m (check one of the	follow	ing boxe	s):					
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 (expira		,	_		_				
Some aliens may write "N/A" in the expiration date field. (See instructions)  OR Code - Section 1									
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	OR Form I-94 Admission					Do	Not Write In This Space		
1. Alien Registration Number/USCIS Number:  OR									
2. Form I-94 Admission Number: OR				_					
3. Foreign Passport Number:									
Country of Issuance:				_					
Signature of Employee				Today's Dat	e (mm/dd	/уууу)			
<b>Preparer and/or Translator Certif</b>	ication (check o	ne):							
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/d	dd/yyyy)		
Last Name (Family Name)			First Nam	e (Given Name)					
Address (Street Number and Name)  City or Town						State	ZIP Code		
		1				1	1		

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 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 Nam	ne <i>(Fan</i>	nily Name)		First N	ame (Given	Name	) [	M.I.	Citizenship/Immigration Status	
List A Identity and Employment Authorization	OR 1		List Iden			AN	ID	E	List C mployment Authorization	
Document Title		Document Titl	е				Docume	nt Title		
Issuing Authority	Issuing Authority					Issuing Authority				
Document Number	Document Number					Document Number				
Expiration Date (if any)(mm/dd/yyyy)		Expiration Da	te (if any)(r	nm/dd/y	yyy)		Expiration	n Date (	if any)(mm/dd/yyyy)	
Document Title										
Issuing Authority		Additional I	nformatio	n					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 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 Repres			oday's Dat	e/mm/c					horized Representative	
Signature of Employer of Authorized Repres	Citative	´   '	oday 3 Dai	.c(mm/c	(a/yyyy)	Title	л Еттрюу	ei oi Aui	nonzed representative	
Last Name of Employer or Authorized Represent	ative	e First Name of Employer or Au						nployer's Business or Organization Name TUDENT ASSOCIATION		
Employer's Business or Organization Address	ss (Stree	et Number and	d Name)	City or	Town		ļ	State	ZIP Code	
350 STUDENT UNION SUNYAB			/	BUFFA	LO			NY	14260	
Section 3. Reverification and Re	hires	(To be comp	leted and	signed	by employ	er or	authoriz	ed repr	esentative.)	
A. New Name (if applicable)						E	3. Date of	Rehire	(if applicable)	
Last Name (Family Name)	First Na	ame (Given Na	ame)		Middle Initia	ıl I	Date (mm	/dd/yyyy	)	
<b>C.</b> If the employee's previous grant of emplocontinuing employment authorization in the s				provide	the informa	tion fo	r the docu	ument or	receipt that establishes	
Document Title			Docume	nt Num	ber			Expirati	on Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the employee presented document(s),										
Signature of Employer or Authorized Repres	entative	e Today's E	Date (mm/d	ld/yyyy)	Name o	of Emp	oloyer or A	Authorize	ed 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	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		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR MODIC ON	
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  Employment Authorization Document		color, and address  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information and the first back of the state of the s		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION     (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued	
	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized		information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph		by the Department of State (Form FS-545)  Certification of Report 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		<ol> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> </ol>	4.	issued by the Department of State (Form DS-1350)  Original or certified copy of birth certificate issued by a State,	
	the following:  (1) The same name as the passport; and		7. U.S. Coast Guard Merchant Mariner Card  8. Native American tribal document		county, municipal authority, or territory of the United States bearing an official seal	
	(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.		Driver's license issued by a Canadian government authority	5. 6.	Native American tribal document U.S. Citizen ID Card (Form I-197)	
			For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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>	8.	Employment authorization document issued by the Department of Homeland Security	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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