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 whichdocument(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 Infor | mation and Att | estation | | | | | |
|--|-------------------------|----------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|--|
| (Employees must complete and sig | Section 1 of Form | I-9 no later than th | e first day of employment, but | not before accepting a job offer.) |) | | |
| Last Name (Family Name) First Na | | Einst Name (| · M | Middle Initial | | Other Last Names Used (if any) | |
| junior | | First Name (C | nven Name) | k | | | |
| Junoi | | Richard | | | | | |
| Address (Street Number and | Apt. Number | | City or Town | State | ZIP Code | | |
| Name) | | | | | | | |
| | | | | | | | |
| | - | | | | _ | | |
| | U.S. Social Sec | curity Number | | Employee's E-mail | Address | | |
| Date of Birth (mm/dd/yyyy) | | | | Popular | | Employee's Telephone Num | |
| | | | | eTracTest8@gmail | l.com | | |
| | | | | | | - | |
| n aware that federal law provides | for imprisonment | and/or fines for fa | lse statements or use of false | documents in connection with t | the completion of thi | is form. | |
| test, under penalty of perjury, th | - | | | | • | | |
| ☐ 1. A citizen of the United States | <u> </u> | | | | | | |
| 2. A noncitizen national of the U | Inited States (See ins | tructions) | | | | | |
| 3. A lawful permanent resident | Alien Registration N | umber/USCIS Nu | mber): | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | R Code - Section 1 | |
| | | | | | | o Not Write In This Space | |
| 4. An alien authorized to work | until (expiration date, | if applicable, mm/ | dd/yyyy): | | | | |
| Some aliens may write "N/A" in the | amiration data fold | (Can inatmustions | -1 | | | | |
| Some aliens may write 10/A in the | expiration date field | . (see instructions | 9 | | | | |
| Aliens authorized to work must p | rovide only one of | the following doc | ument numbers to complete Fe | nrm I-0· | | | |
| An Alien Registration Number/U | | | | | | | |
| | | | | | | | |
| Alien Registration Number/USC OR | IS Number: | | | | | | |
| 2. Form I-94 Admission Number: | | | | | | | |
| OR | | | | | | | |
| 3. Foreign Passport Number: Cour | ntry of Issuance: | | | | | | |
| Country of Issuance: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | Today's Date (n | www/dd/nnny) | | | |
| Signature of Employee | | | Today's Date (n | um/aca/yyyy) | | | |
| _ | | | | | | | |
| Preparer and/or Translator Cer | tification (check on | e): | | | | | |
| I did not use a preparer or trans | slator. A preparer | (s) and/or translate | or(s) assisted the employee in co | mpleting Section 1. | | | |
| Fields below must be completed | and signed when p | reparers and/or ti | ranslators assist an employee i | n completing Section 1.) | | | |
| test, under penalty of perjury, th | at I have assisted i | n the completion | of Section 1 of this form and th | nat to the best of my knowledge | the information is t | rue and correct. | |
| Signature of Preparer or Translator | | | Today's Date (mm/dd/yyy | y) | | | |
| Segment of Translator | | _ | | | | | |
| | | _ | - | | | | |
| Last Name (Family Name) | | | First Name (Given Name, |) | | | |
| iunior | | | Richard | | | | |

| Address (Street Number and Name) City or Town | | r Town | | State | | | ZIP Code | |
|--|-------------------------|--------------------|------------------------------------|-------------------|------------------------|--|--|--|
| | | | | | | | | |
| | | | | | | | | |
| | | | Emmlerson Conn | alatas Naut Daga | | | | |
| | | | Employer Comp | oletes Next Page | | | | |
| | | | Employment Elig Department of H | | | | USCIS Form I-9 | |
| | | | U.S. Citizenship and | | - | | OMB No. 1615-0047 | |
| | | | • | | | | Expires 08/31/2020 | |
| | | | | | | | | |
| ► Section 2. Employer or Author | rized Representative | Review and Verif | ication | | | | | |
| | presentative must con | plete and sign Sec | ction 2 within 3 busines | | | | You must physically examine one document | |
| | Last Name | | First Name | | M.I. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Citizenship/Immigration Status | |
| Employee Info from Section 1 | (Family Name) junior | | (Given Name) Richard | | k | | | |
| | | | | | | | | |
| List A entity and Employment Authorizat | ion | OR | Identity | List B | ANI Employment Au | | List C | |
| D. CTI | | <u> </u> | Document Tit | le | | Е | Document Title | |
| Document Title | | | | | | | | |
| | | | | | | | | |
| Issuing Authority | | | Issuing Autho | rity | Is | suing Authorit | у | |
| | | | | | | | | |
| Document Number | | | Additional Informati | imber on | | Documen t Nu | mber | |
| | | | 2 KCHKOTKII IIIOTTEKI | OII | | | | |
| Expiration Date (if any)(mm/dd/yyyy | v) | | Expiration Da | te (if anv)(mm/dd | l/yyyy) Expiration Da | te (if anv)(mm | n/dd/vvv) | |
| | | | | | | | QR Code - Section 2 & 3 Do Not Write In This Space | |
| | | | | | | | in this space | |
| Document Title | | | | | | | | |
| | | | | | | | | |
| Issuing Authority | | | | | | | | |
| | | | | | | | | |
| D (N. 1 | | | | | | | | |
| Document Number | | | | | | | | |
| | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyyy | y) | | | | | | | |
| | | | | | | | | |
| Document Title | | | | | | | | |
| | | — | | | | | | |
| Issuing Authority | | | | | | | | |
| _ | | _ | | | | | | |
| Document Number | | | | | | | | |
| | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyyy | v) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| rtification: I attest, under penalty ate to the employee named, and (| | | | | | (2) the above | e-listed document(s) appear to be genuine | |
| ate to the employee named, and (e employee's first day of employm | | iowicuge tile emp | ioyee is authorized to | | (See instructions for | exemntions) | | |
| | (| | (11/ | | | | | |
| Signature of Employer or Authorized Representative | | Today's Date(mm/ | dd/yyyy) | Titl | le of Employer or Auth | orized Repres | sentative | |
| | | | | _ | | | _ | |
| Last Name of Employer or Authoriz | zed | First Name of Em | nlover | En | mlover's Rusiness or C |)roanization N | ame | |
| Representative | | or Authorized Rep | | | Twie a Desiless of C | 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 (1 | To be completed and signed | by employer or authorized rep | presentative.) | | | |
| A. New Name (if applicable) | | B. Date of Rehire (if applic | able) | | | |
| Last Name (Family Name) | First Name (Given Name) | | Middle Initial | | Date (mm/dd/yyyy) | |
| junior | Richard | | k | | | |
| | | | | | | |
| C. If the employee's previous grant of employment auti | horization has expired, provi | de the information for the docu | ment or receipt that establishe | es continuing employm | ent authorization in the space provided below. | |
| Document Title | Documen | t Number | | | Expiration Date (if any) (mm/dd/yyyy) | |
| attest, under penalty of perjury, that to the best of xamined appear to be genuine and to relate to the in | | oyee is authorized to work i | n the United States, and ift | the employee preser | nted document(s), the document(s) I have | |
| Signature of Employer or Authorized Representative | Today's I | Today's Date (nm/dd/yyyy) | | Name of Employer or Authorized Representative | | |
| | | | | | | |

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

 $\label{eq:entropy} Employees \ may \ present \ one \ selection \ from \ List \ A$ 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 | LIST B Documents that Establish Identity OR | LIST C Documents that Establish Employment Authorization AND | | | |
|---|--|--|--|--|--|
| U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form1-551) Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed | 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 | A Social Security Account Number card, unless the card includes one of the following restrictions: NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION | | | |
| notation on a machine- readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) | 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 School ID card with a photograph | Certification of Birth Abroad issued by the Department of State (Form FS-545) | | | |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: | 4. Voter's registration card | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) | | | |
| a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: 1. The same name as the passport; and | U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card | Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal | | | |
| An endorsement of the alien's nonimmigrant status as long as that | 8. Native American tribal document | 5. Native American tribal document | | | |
| period of endorsement has not yet | Driver's license issued by a Canadian government authority | 6. U.S. Citizen ID Card (Form I-197) | | | |
| expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | For persons under age 18 who are unable to present a document listed above: | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security | | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form 1-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | School record or report card Clinic, doctor, or hospital record Day-care or nursery school record | Same Separation of the Separat | | | |

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.