



# Employment Eligibility Verification

Department of Homeland Security  
U.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.

**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 A	Other Names Used (if any)	
Address (Street Number and Name) 9200 Copenhaver Dr.		Apt. Number	City or Town Potomac		State MD	Zip Code 20854
Date of Birth (mm/dd/yyyy) 06/07/1957	U.S. Social Security Number 230-51-7177		E-mail Address sasurikov@verizon.net			Telephone Number (301) 340-8288

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):

- ☒ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

**3-D Barcode**  
**Do Not Write in This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee: _____	Date (mm/dd/yyyy): 08/14/2013
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**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator: _____		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**



*(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

<b>List A</b> <b>Identity and Employment Authorization</b>	<b>OR</b>	<b>List B</b> <b>Identity</b>	<b>AND</b>	<b>List C</b> <b>Employment Authorization</b>
Document Title: Passport		Document Title:		Document Title:
Issuing Authority: Unites States Depart. of State		Issuing Authority:		Issuing Authority:
Document Number: 214799621		Document Number:		Document Number:
Expiration Date <i>(if any)</i> (mm/dd/yyyy): 09/18/2015		Expiration Date <i>(if any)</i> (mm/dd/yyyy):		Expiration Date <i>(if any)</i> (mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 10px; text-align: center;"> <b>3-D Barcode</b>  <b>Do Not Write in This Space</b> </div>
Issuing Authority:				
Document Number:				
Expiration Date <i>(if any)</i> (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date <i>(if any)</i> (mm/dd/yyyy):				

**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.**

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State
					Zip Code

<b>A. New Name (if applicable)</b> Last Name (Family Name) First Name (Given Name) Middle Initial	<b>B. Date of Rehire (if applicable) (mm/dd/yyyy):</b>
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Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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