

Form I-9: Employment Eligibility Verification

U.S. Citizenship and Immigration Services (USCIS)

Section 1: Employee Information and Attestation (To be completed by employee)

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 Security Number: _____

Employee Email (optional): _____

Employee Phone Number (optional): _____

Citizenship/Immigration Status (Check one):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number: _____)

☐ 4. An alien authorized to work until (expiration date, if applicable): ____ / ____ / ____ (Alien Number or Admission Number: _____)

Employee Attestation:

I attest, under penalty of perjury, that I am (check one):

☐ A citizen of the United States

☐ A noncitizen national of the United States

☐ A lawful permanent resident

☐ An alien authorized to work

Signature of Employee: _____ Date: ____ / ____ / ____

Preparer/Translator Certification (if applicable):

I assisted the employee in completing Section 1:

Signature: _____ Date: ____ / ____ / ____

Section 2: Employer Review and Verification (To be completed by employer)

Employee Start Date: ____ / ____ / ____

Document Title	Issuing Authority	Document Number	Expiration Date (if any)
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1. _____ | _____ | _____ | ____ / ____ / ____

2. _____ | _____ | _____ | ____ / ____ / ____

Employer Certification:

I attest, under penalty of perjury, that I have examined the documents presented by the employee and that they appear to be genuine and relate to the employee named above.

Employer/Authorized Representative Name: _____

Title: _____

Signature: _____ Date: ____ / ____ / ____

Business/Employer Name: _____

Business Address: _____

Section 3: Reverification and Rehire (if applicable)

☐ New Name (if applicable): _____

☐ Document Title: _____

☐ Document Number: _____

☐ Expiration Date: ____ / ____ / ____

Signature of Employer/Representative: _____ Date: ____ / ____ / ____