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|  | **Employment Verification Test Form** | **USCIS** |  |  |
|  |  | **Form J-9** |  |  |
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**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form J-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal**.**

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| **Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form J-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 (if any) | | Other Last Names Used (if any) | | | | | |
| Address (Street Number and Name) | Apt. Number (if any) | City or Town | | State | | | ZIP Code | | |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | | Employee's Telephone Number | | | | | |
| **I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of**  **this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.** | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | | | | |
|  | 1. A citizen of the United States | | | | | |
|  | 1. A noncitizen national of the United States (See Instructions.) | | | | | |
|  | 1. A lawful permanent resident (Enter USCIS or A-Number.) | | | | |  |
|  | 1. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any) | | | | | |
| If you check **Item Number 4.**, enter one of these: | | | | | |
| |  | | --- | | **USCIS A-Number** | |  | | | |  | | --- | | **Form I-94 Admission Number** | |  | | |  | | --- | | **Foreign Passport Number** | |  | | | |

***This is a test form created for demo purposes***

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| **Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.** | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | |
| Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |