



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 05/31/2027

**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. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-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.

**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)<br><b>Rodriguez</b>   |  | First Name (Given Name)<br><b>Sophia</b>   |                                       | Middle Initial (if any)<br><b>D</b>                 | Other Last Names Used (if any)               |   |                          |   |  |
| Address (Street Number and Name)<br><b>071 Johnson Extensions</b>   |  |  | Apt. Number (if any)<br><b>Apt 37</b> | City or Town<br><b>New Kevinville</b>               |  | State<br><b>AR</b>                                  | ZIP Code<br><b>36190</b> |   |  |
| Date of Birth (mm/dd/yyyy)<br><b>06011979</b>   |  | U.S. Social Security Number<br><b>0 9 1 2 9 8 3 5 3</b>  |                                       | Employee's Email Address<br><b>lcampos@bell.biz</b> |  | Employee's Telephone Number<br><b>0019150840479</b> |                          |   |  |
| <b>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.</b> |  | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):          |                                       |   |  |   |                          |   |  |
|   |  | <input checked="" type="checkbox"/> 1. A citizen of the United States  |                                       |   |  |   |                          |   |  |
|   |  | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)   |                                       |   |  |   |                          |   |  |
|   |  | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)   |                                       |   |  |   |                          |   |  |
|   |  | <input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any) |                                       |   |  |   |                          |   |  |
|   |  | If you check <b>Item Number 4.</b> , enter one of these:   |                                       |   |  |   |                          |   |  |
|   |  | USCIS A-Number   |                                       | OR  | Form I-94 Admission Number                   |   | OR                       | Foreign Passport Number and Country of Issuance |  |
|   |  |  |                                       |   |  |   |                          |   |  |
| Signature of Employee<br><b>Sophia Rodriguez</b>  |  |  |                                       |   | Today's Date (mm/dd/yyyy)<br><b>11142024</b> |   |                          |   |  |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A  |  | OR   | List B   | AND | List C                    |
|---|--|--|--|-----|---------------------------|
| Document Title 1  |  |  |  |     |                           |
| Issuing Authority   |  |  |  |     |                           |
| Document Number (if any)  |  |  |  |     |                           |
| Expiration Date (if any)  |  |  |  |     |                           |
| Document Title 2 (if any)   |  | <b>Additional Information</b>  |  |     |                           |
| Issuing Authority   |  |  |  |     |                           |
| Document Number (if any)  |  |  |  |     |                           |
| Expiration Date (if any)  |  |  |  |     |                           |
| Document Title 3 (if any)   |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |  |     |                           |
| Issuing Authority   |  |  |  |     |                           |
| Document Number (if any)  |  |  |  |     |                           |
| Expiration Date (if any)  |  |  |  |     |                           |
| <b>Certification:</b> 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. |  |  |  |     |                           |
| 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 |     |                           |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.