

# **Employment Eligibility Verification**

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

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 <a href="Instructions">Instructions</a>.

**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 day of employment,	Information but not before	on and ore acc	Attestation epting a job	<b>n:</b> Emple o offer.	oye	es must comp	lete and	d się	gn Se	ction 1 of F	orm I-9 r	no late	er than the first		
Last Name (Family Name) Martinez Martinez Cueto		Digitally Initialed By A. Matrinez May 28, 2024 02:39 GMT	First Name Antonio	(Given Na	me)		Middle F	Initia	l (if any	Other Las	t Names Us	sed (if a	any)		
Address (Street Number an	d Name)		At	t. Number	r (if a	**   *					State		ZIP Code		
21 MAPLE DRIVE						AMITYV	ILLE				NY	NY 11701			
Date of Birth (mm/dd/yyyy) 02/17/1987		curity Number 7 6 5 2		Employee's Email Address antonio.fr.martinezc@hotmail.com						Employee's Telephone Number (516) 871-1160					
I am aware that federa provides for imprison fines for false stateme	nent and/or nts, or the		1. A citizen o	f the Unite	ed Sta					on status (See	page 2 and	d 3 of ti	he instructions.):		
use of false document connection with the co		-	2. A noncitizen national of the United States (See Instructions.)												
this form. I attest, und			3. A lawful permanent resident (Enter USCIS or A-Number.)  4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)												
of perjury, that this inf			4. A noncitize	en (other tr	nan I	tem Numbers 2. a	and 3. ab	ove)	authori	zed to work u	ntil (exp. da	te, if ar	ny)		
including my selection attesting to my citizen		If you	check Item N	umber 4.,	ente	er one of these:									
immigration status, is		U	ISCIS A-Numl	ber		orm I-94 Admissi	on Numb		OR Fo	oreign Passp	sport Number and Country of Issuance				
correct.															
Signature of Employee  Autorio Martinez  Name A Medical Bigues Folkany (N. 204 The 1920 Colf Big 192					Today's Date (mm/dd/yyyy) 02/01/2024										
If a preparer and/or tr	anslator ass	sted you	ı in completin	g Section	1, tl	hat person MUST	complet	te the	e <u>Prep</u> a	rer and/or Ti	anslator C	ertifica	ation on Page 3.		
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's fi	rst day o	of employme ntation from	nt, and m	nust	physically exam	nine, or e	exan	nine co	nsistent wit	n an altern	ative i	procedure		
		List	: A	OF	R	Lis	st B			AND		List			
Document Title 1	N/A					Driver's license state/territory	e issued	d by		Socia	al Security	y Card	d (Unrestricted)		
Issuing Authority	N/A				L	New York	So			Socia	ial Security Administration				
Document Number (if any)	ument Number (if any) N/A			_							76524				
Expiration Date (if any)	N/A				02/17/2025 N/A Additional Information										
Document Title 2 (if any)	N/A		A	- Additional information											
Issuing Authority	N/A														
Document Number (if any)	,														
Expiration Date (if any)	N/A														
Document Title 3 (if any)	N/A														
Issuing Authority	N/A									F	Verify Case	Numbe	er:2024038165120JB		
Document Number (if any)	N/A									C		Final N	onconfirmation		
Expiration Date (if any)  N/A  Check here if you used an alternative procedure authorized by DHS to examine documents.															
Certification: I attest, under penalty of perjury, that (1) I have examinemployee, (2) the above-listed documentation appears to be genuin best of my knowledge, the employee is authorized to work in the Ur					e and to relate to the employee named, and (3) to the old (3) to t							1			
Last Name, First Name and			thorized Repre	esentative							e Today's Date (mm/dd/yyyy				
de la cruz peralta, anr Representative	ny, Authoriz	:ed			anny dela cruz zeralta hara perant banda dela cruz zeralta hara perant banda dela cruz zeralta dela cr						2/07/2024				
Employer's Business or Orga	anization Nam	е				usiness or Organi					, ZIP Code				
TTEC Holdings Inc				9197	9197 S Peoria St, Englewood, CO, 80112										

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

### Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AN	D Documents that Establish Employment Authorization
U.S. Passport or U.S. Passport Card     Permanent Resident Card or Alien Registration Receipt Card (Form I-551)     Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machinereadable immigrant visa      Employment Authorization Document that contains a photograph (Form I-766)		1. 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  2. 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  3. School ID card with a photograph	A Social Security Account Number card, unless the card includes one of the following restrictions:         (1) NOT VALID FOR EMPLOYMENT         (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION         (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  2. Certification of report of birth issued by the Department of State (Forms DS-1350,
For an individual temporarily authorized to work for a specific employer because of his or her status or parole:		Voter's registration card    U.S. Military card or draft record	Solution  FS-545, FS-240)  3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<b>b.</b> Form I-94 or Form I-94A that has the following:		Military dependent's ID card     U.S. Coast Guard Merchant Mariner Card	Native American tribal document
(1) The same name as the passport; and		Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	Identification Card for Use of Resident     Citizen in the United States (Form I-179)
endorsement has not yet 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. Employment authorization document issued by the Department of Homeland Security  For examples, see Section 7 and
Passport from the Federated States of		10. School record or report card	Section 13 of the M-274 on uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		Clinic, doctor, or hospital record     Day-care or nursery school record	The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
May be prese		d in lieu of a document listed above for a to For receipt validity dates, see the M-274.	emporary period.
Receipt for a replacement of a lost, stolen, or damaged List A document.  Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.  Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

<sup>\*</sup>Refer to the Employment Authorization Extensions page on I-9 Central for more information.

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# **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-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. See below and the <a href="Instructions">Instructions</a>.

**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) Firs			First Name	(Given N	lame)		Middle Initial (if any) Other L				Names Us	ed (if	any)	
			Antonio						cueto	ot ranco osca (il any)				
Address (Street Number and Name) A					Number (if any) City or Town						State		ZIP Code	
21 MAPLE DRIVE					AMITYVILLE						NY		11701	
Date of Birth (mm/dd/yyyy)	Security Number	E	mplo	yee's Email Addres	S				Employee	's Tele	ephone Number			
02/17/1987	7	5 2	0 7 6 5	2 4	anto	onio.fr.martinez	c@hotr	nail.c	om		516871	1160	)	
I am aware that federa	l law	C	heck one of the fo	ollowing b	oxes	to attest to your citi	izenship	or imm	nigration	status (See p	page 2 and	13 of t	the instructions.):	
provides for imprisonr			1. A citizen o	A citizen of the United States										
fines for false stateme use of false document		16	=	A noncitizen national of the United States (See Instructions.)										
connection with the co		5 70		, ,										
this form. I attest, und		tv 🗦	3	A lawful permanent resident (Enter USCIS or A-Number.)										
of perjury, that this inf		',   -	4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)											
including my selection		ox   If	you check Item N	lumber 4	L. ent	er one of these:								
attesting to my citizen immigration status, is		1 -	USCIS A-Num		_	orm I-94 Admissi	on Numb	her	Fore	ian Passno	rt Number	and (	Country of Issuance	
correct.	true and		OOOIO A-Italii	-	or -	Omi i-54 Admissi	on want	0	R	igii r asspo	t Humber	ana	odinity of issuance	
		$\perp$												
Signature of Employee	Name: A. Marlinez Signad: Faibuary 01, 2024 Time: 19:23 GMIT ID: 23494020 IP: 10.61 208.229		Today's Date (mm/dd/yyyy) 02/01/2024											
If a preparer and/or tr	anslator a	ssisted	you in completi	ng Section	on 1,	that person MUST	comple	te the	Prepare	r and/or Tra	nslator C	ertific	ation on Page 3.	
Section 2. Employer business days after the e authorized by the Secreta	Review mployee'	and V s first d	erification: E	mployer ent, and	s or	their authorized r t physically exam	epreser ine, or e	ntative exami	must one	complete an	nd sign <b>S</b> o an altern	e <b>ctio</b> ative	n 2 within three procedure	
authorized by the Secretal documentation in the Add	ary of DH	S, docu	mentation from	List A (	DR a	combination of d	ocumer	ntation	n from L	ist B and L	ist C. En	ter ar	ny additional	
documentation in the Add	illonai ill		List A		OR	Lie	st B			AND —		List	t C	
			LISTA	-		Li					Coougita			
Document Title 1	N/A				state/territory						cial Security Card (Unrestricted)			
Issuing Authority	N/A				New York Soc					Social	ial Security Administration			
Document Number (if any)	N/A										6524			
Expiration Date (if any)	N/A					02/17/2025				N/A				
Document Title 2 (if any)	N/A				Additional Information									
Issuing Authority	N/A													
Document Number (if any)	N/A													
Expiration Date (if any)	N/A													
Document Title 3 (if any)	N/A													
Issuing Authority	N/A													
Document Number (if any) N/A					E-Verify Case Number : 2024038165120JB Case Status : Final Nonconfirmation Case Created : 02/07/2024									
Expiration Date (if any)	N/A					heck here if you us	ed an alt	ternativ	ve proce	dure authoriz	ed by DH	S to ex	amine documents.	
Certification: I attest, under penalty of perjury, that (1) I have examinemployee, (2) the above-listed documentation appears to be genuine best of my knowledge, the employee is authorized to work in the Uni					e and to relate to the employee named, and (3) to the									
Last Name, First Name and Title of Employer or Authorized Represen					tive Signature of Employer or Authorized Representativ					Today's Date (mm/dd/yyyy				
de la cruz peralta, anny, Authorized				anny de la cruz geralta Great Basin 97 2024										
Representative					Time: 15/3/00/ff ID: 25/20/8 IP: 10.61 208 229 02/07/2						02/07/2024			
Employer's Business or Orga	anization N	lame		Emplo	yer's l	Business or Organia	zation Ad	dress.	City or	Town, State.	ZIP Code			
TTEC Holdings Inc					197 S Peoria St, Englewood, CO, 80112									
Tree Holdings into														

For reverification or rehire, complete **Supplement B**, Reverification and Rehire on Page 4.

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6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	uscis.gov/i-9-central.  The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
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