

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not			•	st complete an	nd sign Se	ection 1 o	of Form I-9 no later
Last Name (Family Name)	First Name (Given Nar	Middle Initial	Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Number	City	or Town		-1	State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Empl	oyee's E	yee's E-mail Address		E	Employee's Telephone Number	
am aware that federal law provides for connection with the completion of this f	orm.				or use of	false do	ocuments in
attest, under penalty of perjury, that I a	im (check one or the	Ollow	ing boxe	5):			
1. A citizen of the United States							
2. A noncitizen national of the United States	,						
3. A lawful permanent resident (Alien Reg							
4. An alien authorized to work until (expiration of the source of the so					_		
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	ne of the following docur	ment nui	nbers to co			De	QR Code - Section 1 o Not Write In This Space
1. Alien Registration Number/USCIS Number:				_			
OR 2. Form I-94 Admission Number:							
OR				_			
3. Foreign Passport Number:				_			
Country of Issuance:				_			
Signature of Employee	Today's Date (mm/dd/yyyy)						
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and signal	A preparer(s) and/or tra ed when preparers ar	anslator(nd/or tra	anslators a	assist an empl	loyee in c	completin	g Section 1.)
l attest, under penalty of perjury, that I h knowledge the information is true and c		comple	etion of S	ection 1 of th	is form a	and that	to the best of my
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)					
Last Name <i>(Family Name)</i>	e (Given Name)						
		City or				State	ZIP Code

STOP Employer Completes Next Page STOP

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Section 2. Employer or Authorized Representative Review and Verification (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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.") Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status **Employee Info from Section 1** OR List A List B **AND** List C **Identity and Employment Authorization** Identity **Employment Authorization** Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) **Document Title** QR Code - Sections 2 & 3 Additional Information Issuing Authority Do Not Write In This Space Document Number Expiration Date (if any)(mm/dd/yyyy) **Document Title** Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy) Certification: 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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions) Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name Radgov Inc Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code 107 B-1 Corporate Blvd South Plainfield 07080 Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/vvvv) C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. Document Title **Document Number** Expiration Date (if any) (mm/dd/yyyy) I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Name of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Signature of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization	
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		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		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	
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document	2	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,		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or	
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:	-	 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner 	4.	territory of the United States bearing an official seal Native American tribal document	
	(1) The same name as the passport; and(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		8. Native American tribal document 9. Driver's license issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	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	
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		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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