

### **Employment Eligibility Verification**

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

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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.

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Section 1. Employee Information than the first day of employment, but not			st complete an	d sign Se	ection 1 of	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Nam	Middle Initial	iddle 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 Sec	urity Number Empl	ress	Er	Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.							
I attest, under penalty of perjury, that I a	am (check one of the	e following boxe	es):				
1. A citizen of the United States							
2. A noncitizen national of the United States	(See instructions)						
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S Number):					
4. An alien authorized to work until (expira Some aliens may write "N/A" in the expira				_			
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	· ·		,			R Code - Section 1 ot Write In This Space	
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	e (mm/dd/	<i>(</i> уууу)		
(Fields below must be completed and sign	A preparer(s) and/or tra ed when preparers ar	anslator(s) assisted	assist an emplo	oyee in c	ompleting	Section 1.)	
I attest, under penalty of perjury, that I h knowledge the information is true and c		completion of S	Section 1 of th	is form a	ınd that t	o the best of my	
Signature of Preparer or Translator				Today's D	oate (mm/a	ld/yyyy)	
Last Name (Family Name)		First Name	e (Given Name)				
Address (Street Number and Name)		City or Town			State	ZIP Code	

STOR

Employer Completes Next Page

ST0F

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# **Employment Eligibility Verification Department of Homeland Security**

U.S. Citizenship and Immigration Services

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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

of Acceptable Documents.")	ent from List A UR	a combinatio	on or one	aocument 1	rom List B ai	na one aocu	ment from Li	ist C as listed on the "Lists		
Employee Info from Section 1	Last Name <i>(Famil</i> y	/ Name)		First Name	e (Given Nar	ne) N	1.I. Citizer	nship/Immigration Status		
List A Identity and Employment Auth	OR orization		List Ident		Α	ND	Emple	List C pyment Authorization		
Document Title	Do	ocument Title				Documer	Document Title			
Issuing Authority Issuing A			uthority			Issuing A	Issuing Authority			
Document Number Documen			Number Docu			Documer	sument Number			
Expiration Date (if any) (mm/dd/yyyy	piration Date	te (if any) (mm/dd/yyyy) Expiration				n Date <i>(if an</i>	y) (mm/dd/yyyy)			
Document Title										
Issuing Authority		Additional In	formatio	n				Code - Sections 2 & 3 of Write In This Space		
Document Number										
Expiration Date (if any) (mm/dd/yyy	y)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any) (mm/dd/yyy	y)									
Certification: I attest, under per (2) the above-listed document(s employee is authorized to work	) appear to be ge	enuine and t								
The employee's first day of er	mployment (mm	n/dd/yyyy):			(See i	instruction	s for exen	nptions)		
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Represent						red Representative				
Last Name of Employer or Authorized R	epresentative Fir	st Name of Em	ployer or A	Authorized Re	epresentative	Employe	r's Business	or Organization Name		
Employer's Business or Organization	n Address (Street	Number and I	Name)	City or Tov	vn		State	ZIP Code		
Section 3. Reverification a	nd Rehires (T	o be comple	eted and	signed by	employer o	or authorize	ed represer	ntative.)		
A. New Name (if applicable)						B. Date of	ate of Rehire <i>(if applicable)</i>			
Last Name (Family Name)	First Nam	Name (Given Name) Middle			dle Initial	Date (mm/dd/yyyy)				
C. If the employee's previous grant continuing employment authorization			expired,	provide the	information	for the docu	ment or rece	eipt that establishes		
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.										
Signature of Employer or Authorized	d Representative	Today's Da	ate (mm/d	d/yyyy)	Name of Er	mployer or A	uthorized Re	epresentative		

# 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	۱D	LIST C Documents that Establish Employment Authorization
3.	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 machine- readable immigrant visa  Employment Authorization Document		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  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,	2.	-
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:  a. Foreign passport; and	5	gender, height, eye color, and address  6. School ID card with a photograph  6. Voter's registration card  6. U.S. Military card or draft record  6. Military dependent's ID 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 territory of the United States bearing an official seal
	<ul> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ul>		<ul> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> </ul>	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
		9	Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:		Resident Citizen in the United States (Form I-179)  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	1′	O. School record or report card  Clinic, doctor, or hospital record  Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

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