

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 no			-	st complete an	d sign Se	ection 1 d	of Form I-9 no later	
Last Name (Family Name)	First Name (Given Na	First Name <i>(Given Name)</i>			Other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Numbe	r City	or Town		1	State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number Employee's E-mail Ad			ress		Employee's Telephone Number		
am aware that federal law provides for connection with the completion of this	form.				or use of	false do	ocuments in	
attest, under penalty of perjury, that I	am (cneck one of th	ie follov	wing boxe	s):				
1. A citizen of the United States								
2. A noncitizen national of the United State	es (See instructions)							
3. A lawful permanent resident (Alien Re	egistration Number/USC	IS Numb	per):					
4. An alien authorized to work until (expi	ration date, if applicable	e, mm/dd	/yyyy):					
Some aliens may write "N/A" in the expi	ration date field. (See in	nstruction	ns)					
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number						De	QR Code - Section 1 o Not 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 (mm/dd/yyyy)				
Preparer and/or Translator Certi I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or t	ranslator				_		
attest, under penalty of perjury, that I knowledge the information is true and		compl	letion 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)			
t Name (Family Name) First Name				e (Given Name)	<u> </u>			
			1					

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Employer Completes Next Page

STOR