

Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 2021-03-13

→ 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: 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 discriminatio

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 First Name (Given Name) Middle (Initial) Other Last Name Used (If any) (Family Name) Ubaid Ullah Manzoor Manzoor Adress (Street Number and Name) Apt. Number City or Town State Zip Code H No 15 Bilal Park Sham Nagar 123456 54000 Lahore Punjab Choiburi Lahore Punjab Pakustan Date of Birth Employee's E-mail Address Employee's Telephone Number Social Security Number (mm/dd/yyyy) (092)11234567896 ubaidmanzoor987@gmail.com 26/11/1998

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 am (check one of the following boxes):						
V	1. A citizen of the United States					
	2. A noncitizen national of the United States (See instructions)					
	3. A lawful permanent resident (Alien Registration Number/USCIS Numbe)	<u>090078601</u>				
	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See Instructions) Aliens authorized to work must provide only one of the following document num Registration Number/USCIS Number OR Form I-94 Admission Number OR For	-	QR Code - Section 1 Do Not Write In This Space			
Signature of Employee		Today's Date (mm/dd/yyyy)				
Preparer and/or Translator Certification (check one):						
	I did not use a preparer or translator A preparer(s) and/or translator(s) assisted the employee in completing Section 1					
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my						

knowledge the information is true and correct.

Signature of Preparer or Translator	Today's Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	

	Address (Street Number and Name)	City or Town	State	Zip Code
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Employer Completes Next Page

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