

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 Informatio than the first day of employment, but no					st complete and	d sign S	ection 1 o	f Form I-9 no later	
Last Name (Family Name)	me (Given Name)			Middle Initial	Other L	er Last Names Used (if any)			
Bui				Q	N/A				
Address (Street Number and Name)	Apt. Number City or Town					State	ZIP Code		
1 MINUTEMAN CT	N/A	N/A ROCKVILLE				MD	20853		
Date of Birth (mm/dd/yyyy) U.S. Social Se	nber Emp	loyee's	loyee's E-mail Address			Employee's Telephone Number			
04/19/1998	5 0 9 hqbu	i21@colby.edu				3017046958			
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):									
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 Number): N/A									
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 08/09/2019									
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 numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.									
1. Alien Registration Number/USCIS Number: OR 131415920 USCIS Number									
2. Form I-94 Admission Number: OR N/A OR									
3. Foreign Passport Number: N/A									
Country of Issuance: N/A									
Signature of Employee (Signed Electronica	lly by Hu	an Q Bui)			Today's Date	e (<i>mm/dd</i>	06/. 06/.	28/2019	
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and sign attest, under penalty of perjury, that I knowledge the information is true and	A prepa ned when have ass	rer(s) and/or to preparers a	anslator and/or tr	anslators	•	oyee in d	completing	Section 1.)	
Signature of Preparer or Translator						Today's I	Date (mm/c	ld/yyyy)	
Last Name (Family Name)				First Name	e (Given Name)				
Address (Street Number and Name)			City or	r Town			State	ZIP Code	
							1	1	

STOP Employer Completes Next Page STOP



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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized rep must physically examine one docu of Acceptable Documents.")											
Employee Info from Section 1 Last Name (Family Name)			Name)	First Name (Given Name			Name	·	I. Citize	enship/Immigration Status	
List A Identity and Employment Au		OR		List Iden			AN	ID	Empl	List C oyment Authorization	
Document Title		Dod	cument Titl					Document			
Issuing Authority		Issu	uing Autho	rity				Issuing Au	ithority		
Document Number		Doo	cument Nu	mber				Document	Number		
Expiration Date (if any)(mm/dd/yy	уу)	Exp	oiration Da	te (if any)(r	mm/dd/yyy	ry)		Expiration	Date (if an	y)(mm/dd/yyyy)	
Document Title											
Issuing Authority		A	dditional I	nformatio	n					Code - Sections 2 & 3 Not Write In This Space	
Document Number											
Expiration Date (if any)(mm/dd/yy	уу)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any)(mm/dd/yy	уу)										
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	(s) appear to k in the Unite	be gered	nuine and tes.	I to relate		nployee	name		to the bes	st of my knowledge the	
Signature of Employer or Authoriz	ed Representa	itive	Т	oday's Dat	te (mm/dd,	/уууу)	Title o	of Employer	or Authoriz	zed Representative	
Last Name of Employer or Authorized	Representative	First	t Name of E	mployer or A	Authorized I	Representa	ative			or Organization Name	
Employer's Business or Organizat	ion Address (S	Street N	umber and	d Name)	City or To	own			State	ZIP Code	
University of Maryland					College				MD	20742	
Section 3. Reverification	and Rehire	es (To	be comp	leted and	signed b	y employ			•		
A. New Name (if applicable) Last Name (Family Name) First Name (Given			(Given Na					B. Date of Rehire (if applicable) Date (mm/dd/yyyy)			
	1 113				IVI				·~/		
C. If the employee's previous gran continuing employment authorizati					provide th	ne informa	ition fo	or the docun	nent or rece	eipt that establishes	
Document Title				Document Number				Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perju											
Signature of Employer or Authoriz				Date (mm/a						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	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	1.	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. 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:(1) The same name as the passport;		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4.	territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)		
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of		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		
0.	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		 School record or report card Clinic, doctor, or hospital record 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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