

## **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

## 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 docume of Acceptable Documents.")			ation of one	document fi	rom List B a	nd one doc	umen			
Employee Info from Section 1	mily Name)	e) First Name (Given Name			me)	M.I.	Citizen	ship/Immigration Status		
List A Identity and Employment Autho	OF rization	2	List Iden		P	AND		Emplo	List C byment Authorization	
Document Title		Document T	itle			Docume	ent Tit	е		
Issuing Authority	Issuing Authority				Issuing	Issuing Authority				
Document Number		Document Number				Docume	Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)				Expirati	Expiration Date (if any) (mm/dd/yyyy)			
Document Title										
Issuing Authority		Additional Information				QR Code - Sections 2 & 3 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 pena (2) the above-listed document(s) employee is authorized to work in	appear to be	genuine ar								
The employee's first day of em	ployment (r	nm/dd/yyyy	/):		(See	instructio	ns fo	r exem	ptions)	
Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy) Title			e of Employ	of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First Name of			f Employer or Authorized Representative			Employ	Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number			nd Name) City or Town				St	ate	ZIP Code	
Section 3. Reverification ar	nd Rehires	(To be com	pleted and	signed by	employer (	or authoriz	zed re	presen	tative.)	
A. New Name (if applicable)					B. Date of Rehire (if applicable)					
Last Name (Family Name) First Name (Given Name)			Name)	ne) Middle Initial			Date (mm/dd/yyyy)			
<b>C.</b> If the employee's previous grant of continuing employment authorization				provide the	information	for the doo	umen	t or rece	ipt 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	e Today's	Today's Date (mm/dd/yyyy) Na			Name 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	Docur	LIST B ments that Establish Identity	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		1. 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	
4.	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  Employment Authorization Document		2. ID card is governm provided	ssued by federal, state or local ent agencies or entities, it contains a photograph or on such as name, date of birth,		INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued	
	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized		gender, h	neight, eye color, and address  D card with a photograph		by the Department of State (Forms DS-1350, FS-545, FS-240)  Original or certified copy of birth	
	to work for a specific employer because of his or her status:  a. Foreign passport; and b. Form I-94 or Form I-94A that has	9.	5. U.S. Milit	egistration card eary card or draft record ependent's ID card		certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
	the following:  (1) The same name as the passport; and		Card			U.S. Citizen ID Card (Form I-197)	
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		-			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.		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.	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		I1. Clinic, c	loctor, or hospital record re 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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