

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 it	on and Attestation	(Employees mu	st complete and	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)		First Name (Given Name)		Other L	ner Last Names Used (if any)			
Zhao	Kaiyuan	-/						
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code		
15 Quarry lane	# 6305	Malde	n		MA	02148		
		yee's E-mail Addr		Er	nployee's	Telephone Number		
10/14/1994 347	87 8235 Zhai	. kaiy@b	ruskey.neu	.edu	402 -	318-9806		
I am aware that federal law provides to connection with the completion of thi	for imprisonment and/o s form.	r fines for false	statements o	use of	false doc	uments in		
l attest, under penalty of perjury, that	I am (check one of the	following boxe	s):					
1. A citizen of the United States								
2. A noncitizen national of the United Sta	ates (See instructions)				i dei	,		
3. A lawful permanent resident (Alien	Registration Number/USCIS	Number):						
4. An alien authorized to work until (ex	piration date, if applicable, n	nm/dd/yyyy):	8/10/2	019				
Some aliens may write "N/A" in the ex Aliens authorized to work must provide only				-				
An Alien Registration Number/USCIS Number/USCIS Number/USCIS Number/USCIS Number/USCIS Number OR 2. Form I-94 Admission Number: OR	ber OR Form I-94 Admission	Number OR Fore	ign Passport Nur 	nber.	Don	ot Write In This Space		
	2384045							
Country of Issuance: Chi			_					
Signature of Employee	eture of Employee Kaiywan				Today's Date (mm/dd/yyyy)			
Farge	12/19/2018							
Preparer and/or Translator Cer did not use a preparer or translator. (Fields below must be completed and single lattest, under penalty of perjury, that knowledge the information is true and	A preparer(s) and/or trangned when preparers and I have assisted in the c	slator(s) assisted	ssist an employ	ree in co	moletina !	Section 1.) the best of my		
Signature of Preparer or Translator Today's Date (mm/dd/yyyy)						/уууу)		
Last Name (Family Name)		First Name	(Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		



Employer Completes Next Page

