

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 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 (Family Name)		First Na	First Name (Given Name)				Middle Initial	Other	er Last Names Used (if any)		
Nguyen			Khanh				Q				
Address (Street Number and Name)			Apt. Number C			City or Town			State	ZIP Code	
463 Briarfield Xing			Marie		ietta	ta		GA	30066		
Date of Birth (mm/dd/yyyy) U.S. Social Security Nun			imber Employee's E-mail Address						Employee's	Telephone Number	
09/01/1990 3 0 3 - 2 9 - 42			209	0 9 khanh.nguyen@tinroodsoftware.com					3176456700		
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 ins	structions	s)							
3. A lawful permanent resid	dent (Alien Reg	gistration	Number	/USCIS I	Numbe	er): -					
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 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											
2. Form I-94 Admission Number: OR											
3. Foreign Passport Number:											
Country of Issuance:											
Signature of Employee Today's Date (mm/dd/yyyy) 08/22/2018						22/2018					
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. (Fields below must be completed and signed when preparers and/or translators assist an 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.											
						Today's	's Date (mm/dd/yyyy)				
Last Name (Family Name) First Name (Given Name)											
Address (Street Number and N	lame)			С	City or	Town			State	ZIP Code	

Employer Completes Next Page STO

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Employment Eligibility Verification Department of Homeland Security

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Citizenship/Immigration Status

Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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 document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

First Name (Given Name)

Employee Info from Section 1	Last Name (Fa	mily Name)		FIISLIN	ame (Given	ivarrie	i) IVI	.i. Citize	ensnip/immigration Status		
List A Identity and Employment Auth	OI orization	R	List Iden			AN	ID	Emp	List C loyment Authorization		
Document Title		Document T	itle				Documen	t Title			
Issuing Authority		Issuing Auth	ority				Issuing A	uthority			
Document Number	Document N	lumber				Document Number					
Expiration Date (if any)(mm/dd/yyyy	')	Expiration D	ate (if any)(r	nm/dd/y	ууу)		Expiration	Date (if ar	ny)(mm/dd/yyyy)		
Document Title											
Issuing Authority Additional Information					n				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 penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)											
Signature of Employer or Authorized	d Representativ	/e	Today's Dat	te (mm/	dd/yyyy)	Title o	of Employe	r or Authori	zed Representative		
Last Name of Employer or Authorized R	First Name of Employer or Authorized Representative				ative	Employer's Business or Organization Name					
Employer's Business or Organization	n Address (Str	eet Number a	nd Name)	City or	Town		1	State	ZIP Code		
Section 3. Reverification a	and Rehires	(To be com	pleted and	signed	l by employ	er or	authorize	d represe	ntative.)		
A. New Name (if applicable)						E	3. Date of F	Rehire (if ap	oplicable)		
Last Name (Family Name)	t Name (Family Name) First Name (Given Name)				Middle Initial Date (mm/dd/yyyy)						
C. If the employee's previous grant continuing employment authorization				provide	the informa	tion fo	r the docur	ment or rec	eipt that establishes		
Document Title			Docume	nt Num	ber			Expiration D	Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury the employee presented docum											
Signature of Employer or Authorized	d Representativ	/e Today's	Date (mm/a	ld/yyyy)	Name	of Emp	oloyer or A	uthorized R	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		LIST B Documents that Establish Identity AN	LIST C Documents that Establish Employment Authorization ND			
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	2.	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 5. U.S. Military card or draft record		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;	-	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		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		Identification Card for Use of Resident Citizen in the United States (Form I-179)		
6	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		
0.	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		 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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