U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

	<b>cation</b> (To be comple:	ted and signed by emp	loyee at the ti	ne employment begins.)	
Print Name: Last					
Address (Street Name and Number)		Apt. #	Date of 1	Birth (month/day/year)	
City Sta	ate	Zip Code	Social So	ecurity #	
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):  A citizen of the United States  A noncitizen national of the United States (see instructions)  A lawful permanent resident (Alien #)  An alien authorized to work (Alien # or Admission #)			
Employee's Signature	Oate (month/day/year)	date, if applicable - month/day/year)			
Preparer and/or Translator Certification (To penalty of perjury, that I have assisted in the completion of Preparer's/Translator's Signature					
Address (Street Name and Number, City, State, Zip Code)				Date (month/day/year)	
empiration date, if any, of the document(b).)					
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):	DR Lis	st B	AND	List C	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year)  and that to the employment agencies may omit the date the empl	ijury, that I have exam te and to relate to the e e best of my knowledge loyee began employme	ined the document(s) p imployee named, that the	presented by the ne employee be rized to work in	e above-named employee, tha	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year)  and that to the employment agencies may omit the date the empl	rjury, that I have exam the and to relate to the e e best of my knowledge	ined the document(s) p imployee named, that the	oresented by the	e above-named employee, tha gan employment on	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perthe above-listed document(s) appear to be genuin (month/day/year) and that to the employment agencies may omit the date the employment of Employer or Authorized Representative	rjury, that I have exam the and to relate to the e to best of my knowledge loyee began employmes	nined the document(s) pomployee named, that the employee is authont.)	resented by the employee be rized to work in	e above-named employee, tha gan employment on	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year) and that to the employment agencies may omit the date the empl Signature of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To be	rjury, that I have exame and to relate to the ele best of my knowledge loyee began employmed Print Name and Number, City, State, 2	nined the document(s) pemployee named, that the the employee is authont.)  Zip Code)	oresented by the ne employee be rized to work in Title	e above-named employee, tha gan employment on n the United States. (State	
Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin	cjury, that I have example and to relate to the elebest of my knowledge loyee began employment Print Name  Print Name  and Number, City, State, 2  the completed and sign	ined the document(s) pemployee named, that the the employee is authont.)  Zip Code)  Teled by employer.)  B. Da	Title  Date (note of Rehire (mon.)	e above-named employee, tha gan employment on n the United States. (State nonth/day/year)	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year) and that to the employment agencies may omit the date the empl Signature of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To be A. New Name (if applicable)  C. If employee's previous grant of work authorization has a Document Title:	Print Name Print Name Print Name Print Name Print Name Print Name De completed and sign Print Name Document	ined the document(s) pemployee named, that the the employee is authont.)  Zip Code)  B. Da  mation below for the document.	Date (nonette of Rehire (monette establishe:  Expiration	e above-named employee, that gan employment on the United States. (State nonth/day/year)  ch/day/year) (if applicable)  s current employment authorization to Date (if any):	
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year) and that to the employment agencies may omit the date the empl Signature of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To be A. New Name (if applicable)  C. If employee's previous grant of work authorization has defined and the section of the sect	Print Name Print Name Print Name Print Name Print Name Print Name Document Rknowledge, this employee	ined the document(s) pemployee named, that the the employee is authont.)  Zip Code)  B. Da  mation below for the document.  #:  e is authorized to work in	Date (nonette of Rehire (monette establishe:  Expiration	e above-named employee, that gan employment on in the United States. (State month/day/year)  ch/day/year) (if applicable) courrent employment authorization Date (if any):	

### LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

#### LIST A

### LIST B

### LIST C

<b>Documents that Establish Both</b>
<b>Identity and Employment</b>
Authorization

# Documents that Establish Identity

## Documents that Establish Employment Authorization

	Authorization O	OR	ruentity	AND	Employment Authorization	
1.	U.S. Passport or U.S. Passport Card	1.	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		Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize	
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		name, date of birth, gender, height, eye color, and address	,	employment in the United States	
3.	3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2.	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, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
					Certification of Report of Birth issued by the Department of State	
4.	Employment Authorization Document that contains a photograph (Form I-766)	3.	School ID card with a photograph		(Form DS-1350)	
		4.	Voter's registration card	4.	Original or certified copy of birth certificate issued by a State,	
5.	5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5.	U.S. Military card or draft record		county, municipal authority, or territory of the United States	
		6.	Military dependent's ID card		bearing an official seal	
		7.	U.S. Coast Guard Merchant Mariner Card	5.	Native American tribal document	
		8.	Native American tribal document			
		9.	Driver's license issued by a Canadian government authority	6.	U.S. Citizen ID Card (Form I-197)	
6.			For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	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	10	. School record or report card	8.	Employment authorization locument issued by the	
		11	. Clinic, doctor, or hospital record	Department of Homeland Secur		
		12	. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)