

# Form I-9 Employment Eligibility Verification

Department of Homeland Security — USCIS

ShiftNPay / Mastercare

## Section 1 — Employee Information

Last Name	First Name	MI
Other Last Names		
Address		
Appt #	City	ZIP
State		
DOR		
SSN		
Email	Phone	

## Immigration Status

US Citizen USCIS/A-Number	Noncitizen Nationa	Lawful Permanent R	Alien Authorized
USCIS A-Number			
I-94 Admission #			
Foreign Passport # / Country			
Expiration Date			
Expiration Date (alt)			

## Section 1 — Signature

Employee Signature

[ Sign here ]

Today's Date

## Section 2 — Employer Review

First Day of Employment

### List A Documents

Doc Title	Issuing Authority	
Doc Number	Exp Date	
Doc 2 Title	Issuing Auth	Doc 2 Number

### List B Documents

Doc Title	Issuing Authority
Doc Number	Exp Date

### List C Documents

Doc Title	Issuing Authority
Doc Number	Exp Date

### Additional Documents

Doc Title 2	Authority
Doc # 2	Doc # 2

Additional Information

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### Employer Certification

Employer Name/Title

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Employer Signature

[ Sign here ]

Business/Org Name

Business Address

Date

### Supplement A — Preparer/Translator (Preparer 0)

First Name

Last Name

MI

Address

City

State

Zip

Preparer Signature

[ Sign here ]

Date

Check if applicable

### Supplement A — Preparer 1

First Name

Last Name

MI

Address

City

State

Zip

Signature

[ Sign here ]

Date

Check if applicable

### Supplement A — Preparer 2

First Name

Last Name

MI

Address

City

State

Zip

Signature

[ Sign here ]

Date

Check if applicable

### Supplement A — Preparer 3

First Name

Last Name

MI

Address

City

State

Zip

Signature

[ Sign here ]

Date

Check if applicable

### Supplement A — Employee Name References

Last Name

First Name

MI

Last Name (2)

First Name (2)

MI (2)

### Supplement B — Rehire 0

Hire Date

Last Name

First Name

MI

Doc Title

Doc Number

Exp Date

Employer/Ref

Date

Employer Signature

[ Sign here ]

Additional Info

### Supplement B — Rehire 1

Hire Date

Last Name

First Name

MI

Doc Title

Doc Number

Exp Date

Employer/Ref

Date

Employer Signature

[ Sign here ]

Additional Info

## Supplement B — Rehire 2

 Rehire Date Last Name First Name MI Doc Title Doc Number Exp Date Employer/PO# Date

Employer Signature

[ Sign here ]

Additional Info