

# 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

Apt #	City	ZIP

State

DOR	SSN

Email	Phone

## Immigration Status

US Citizen	Noncitizen Nationa	Lawful Permanent R	Alien Authorized
USCIS/A-Number			

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

Employer Certification

Employer Name/Title

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 applicabl

Supplement A — Preparer 1

First Name

Last Name

MI

Address

City

State

Zip

Signature

Date

Check if applicabl

### Supplement A — Preparer 2

First Name

Last Name

MI

Address

City

State

Zip

Signature

Date

Check if applicabl

### Supplement A — Preparer 3

First Name

Last Name

MI

Address

City

State

Zip

Signature

[ Sign here ]

Date

Check if applicabl

Supplement A — Employee Name References

Last Name	First Name	MI
Last Name (2)	First Name (2)	MI (2)

Supplement B — Rehire 0

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

Employer Signature

[ Sign here ]

Additional Info

Supplement B — Rehire 1

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

Employer Signature

[ Sign here ]

Additional Info