

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 Informa than the first day of employment, but | | • • | ust complete an | d sign Se | ection 1 o | f Form I-9 no later | |
|---|---------------------------------|---------------------|--------------------------------|-----------|-----------------------------|--|--|
| Last Name (Family Name) | First Name (Given Na | me) | Other Last Names Used (if any) | | | | |
| Address (Street Number and Name) | Apt. Number | City or Town | | 1 | State | ZIP Code | |
| Date of Birth (mm/dd/yyyy) U.S. Socia | al Security Number Emp | loyee's E-mail Ad | dress | Er | Employee's Telephone Number | | |
| I am aware that federal law provides connection with the completion of t I attest, under penalty of perjury, th | his form. | | | or use of | false do | cuments in | |
| 1. A citizen of the United States | at I am (check one of the | e following box | | | | | |
| 2. A noncitizen national of the United | States (See instructions) | | | | | | |
| 3. A lawful permanent resident (Alie | | S Number): | | | | | |
| 4. An alien authorized to work until (Some aliens may write "N/A" in the | expiration date, if applicable, | mm/dd/yyyy): | | _ | | | |
| Aliens authorized to work must provide o An Alien Registration Number/USCIS Nu | | | | | | QR Code - Section 1 Not Write In This Space | |
| Alien Registration Number/USCIS Number/ | mber: | | | | | | |
| 2. Form I-94 Admission Number: OR | | | | | | | |
| 3. Foreign Passport Number: | | | | | | | |
| Country of Issuance: | | | | | | | |
| Signature of Employee | | | Today's Date | e (mm/dd/ | <i>(yyyy</i>) | | |
| Preparer and/or Translator C I did not use a preparer or translator. (Fields below must be completed and | A preparer(s) and/or tr | anslator(s) assiste | | | _ | | |
| I attest, under penalty of perjury, th knowledge the information is true a | | completion of | Section 1 of the | is form a | and that t | o the best of my | |
| Signature of Preparer or Translator | | | | Today's D | Date (mm/c | ld/yyyy) | |
| Last Name (Family Name) | | First Na | me (Given Name) | | | | |
| Address (Street Number and Name) | | City or Town | | | State | ZIP Code | |
| | | | | | 1 | 1 | |

STOP

Employer Completes Next Page

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Section 2. Employer or Authorized Representative Review and Verification
(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 documents.") | | | | | | | | | | rom List C as listed on the "Lists |
|---|------------|-----------|---------------|---------------------------|-------------|----------------|----------|-------------|--------------------------------|--|
| Employee Info from Section 1 Last Name (Family Nat | | | | e) First Name (Given Name | | | e) N | И.I. | Citizenship/Immigration Status | |
| List A Identity and Employment Aut | horization | OR | | | ist B | | AN | ID | | List C Employment Authorization |
| Document Title | | | Document T | itle | | | | Docume | nt Title | |
| Issuing Authority | | | ssuing Auth | ority | | | | Issuing A | Authorit | у |
| Document Number | | | Document N | lumber | | | | Docume | nt Num | ber |
| Expiration Date (if any)(mm/dd/yyy | /y) | | Expiration D | ate (if ar | ny)(mm/dd/ | <i>(</i> уууу) | | Expiratio | n Date | (if any)(mm/dd/yyyy) |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | Additiona | Informa | ation | | | | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | /y) | | | | | | | | | |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | /y) | | | | | | | | | |
| Certification: I attest, under per (2) the above-listed document (employee is authorized to world | s) appea | r to be | genuine ar | | | | | | | |
| The employee's first day of e | | | | /): | | | See in: | struction | ns for | exemptions) |
| Signature of Employer or Authorize | ed Repres | entative | | Today's | Date(mm/ | (dd/yyyy) | Title c | of Employe | er or Au | uthorized Representative |
| Last Name of Employer or Authorized | Representa | ative F | First Name of | Employer | or Authoriz | ed Represen | itative | Employe | er's Bus | siness or Organization Name |
| Employer's Business or Organizati | ion Addres | ss (Stree | t Number a | nd Name | e) City o | r Town | | 1 | Stat | ziP Code |
| Section 3. Reverification | and Re | hires (| To be com | pleted a | and signe | d by emplo | oyer or | authoriz | ed rep | resentative.) |
| A. New Name (if applicable) | | | | <u> </u> | | | E | B. Date of | Rehire | (if applicable) |
| Last Name (Family Name) | | First Na | me (Given I | Vame) | | Middle Init | ial | Date (mm | /dd/yyy | (y) |
| C. If the employee's previous grant continuing employment authorization | | | | | red, provid | e the inform | ation fo | or the docu | ıment c | or receipt that establishes |
| Document Title | | | | | ument Nun | nber | | | Expira | tion Date (if any) (mm/dd/yyyy) |
| I attest, under penalty of perjur the employee presented docum | | | | | | | | | | |
| Signature of Employer or Authorize | | | | | ım/dd/yyyy | | | | | zed 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 | OR | LIST B Documents that Establish Identity AN | ۱D | LIST C Documents that Establish Employment Authorization | |
|----|--|----|--|----|---|--|
| 2. | U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 name, date of birth, gender, height, eye | 1. | A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT | |
| | Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document | | color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or | 2 | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued | |
| | that contains a photograph (Form I-766) For a nonimmigrant alien authorized | | information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph | | by the Department of State (Form FS-545) Certification of Report of Birth | |
| | to work for a specific employer because of his or her status: a. Foreign passport; and | | 4. Voter's registration card 5. U.S. Military card or draft record | 4. | - 3 | |
| | b. 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 | | certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal | |
| | and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has | | 8. Native American tribal document | 5. | Native American tribal document | |
| | | | Driver's license issued by a Canadian government authority | 6. | U.S. Citizen ID Card (Form I-197) | |
| | not yet expired and the 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. | Identification Card for Use of Resident Citizen in the United States (Form I-179) | |
| 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 | | 10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record | 8. | Employment authorization document issued by the Department of Homeland Security | |
| | ne United States and the FSM or RMI | | | | | |

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

Refer to the instructions for more information about acceptable receipts.

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