

### **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.

Last Name (Family Name) Lndow  Address (Street Number and Name) 120 Parkwood Lane			ame <i>(Giv</i> <b>ert</b>	en Name	)	Middle Initial	Other L	r Last Names Used (if any)		
			Apt. Numbe		City or Town <b>Decatur</b>			State <b>GA</b>	ZIP Code <b>30030</b>	
Date of Birth (mm/dd/yyyy) 04/28/2018		¬′  - '			E-mail Address Indow@gmail.com			Employee's Telephone Number 4047694047		
am aware that federal law		for impris								
attest, under penalty of p	perjury, tha	t I am (che	ck one	of the f	ollowing box	es):				
X 1. A citizen of the United S	States									
2. A noncitizen national of	the United S	tates (See in	struction	ıs)						
3. A lawful permanent resi	dent (Alien	Registration	Numbe	r/USCIS I	Number):					
4. An alien authorized to was Some aliens may write							_			
Aliens authorized to work mu An Alien Registration Numbe								De	QR Code - Section 1 Not Write In This Space	
1. Alien Registration Number OR	r/USCIS Num	ber:				_				
2. Form I-94 Admission Num OR	iber:									
3. Foreign Passport Number	:									
Country of Issuance:						_				
Signature of Employee				;	Signature Certifi	ied	Too	lay's Date	(mm/dd/yyyy)	
Preparer and/or Tran  I did not use a preparer or to	translator.	A prepa	arer(s) ar	nd/or trans	slator(s) assisted	d the employee in		-		
Fields below must be com						•			*	
attest, under penalty of particular attest, under penalty of particular attention atte			SISTECT	ın tne co	ompletion of a	section 1 of th	iis torm a	and that	to the dest of m	
ignature of Preparer or Translator				Signature Certified Today			y's Date (mm/dd/yyyy)			
ast Name (Family Name)					First Nar	me (Given Name)	)			
Address (Street Number and Name)			C	City or Town			State	ZIP Code		
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1)			rla	ndow						

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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 docum of Acceptable Documents.")									
Employee Info from Section 1	mily Name)	ily Name) First Name (Given Nam <b>Robert</b>			e) N	Л.I. <b>М</b>	Citizei Citiz	nship/Immigration Status <b>Zen</b>	
List A Identity and Employment Auth	OF orization	?		st B ntity	AN	ID		Emplo	List C pyment Authorization
Document Title		Document Title	!			Docume	nt Title	;	
Issuing Authority		Issuing Authori	ty			Issuing A	Author	ity	
Document Number		Document Num	nber			Docume	nt Nun	nber	
Expiration Date (if any)(mm/dd/yyyy	<i>(</i> )	Expiration Date	(if any)	(mm/dd/yyyy	)	Expiratio	n Date	e (if an	y)(mm/dd/yyyy)
Document Title									
Issuing Authority	Additional In					Code - Sections 2 & 3 ot Write In This Space			
Document Number									
Expiration Date (if any)(mm/dd/yyyy	<i>'</i> )								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy	()								
Certification: I attest, under per (2) the above-listed document(semployee is authorized to work	) appear to be	genuine and							
The employee's first day of en					(See in:	structio	ıs for	exem	nptions)
Signature of Employer or Authorized	d Representativ	e Signature C	ertified	Today's Date	e(mm/dd/yyyy)	Title of	Emplo	yer or a	Authorized Representative
Last Name of Employer or Authorized F	Representative	First Name of Em	nployer o	Authorized Re	epresentative	Employe	er's Bu	siness	or Organization Name
Employer's Business or Organization	n Address (Stre	eet Number and	Name)	City or Tov	vn		Sta	ite	ZIP Code
Section 3. Reverification a	and Rehires	(To be comple	eted an	d signed by	employer or	authoriz	ed rep	oreser	ntative.)
A. New Name (if applicable)					E	B. Date of	Rehir	e (if ap	plicable)
Last Name (Family Name)	First N	lame (Given Nar	ne)	Mid	Idle Initial	Date (mm	/dd/yy	yy)	
C. If the employee's previous grant continuing employment authorization			s expired	d, provide the	information fo	or the docu	ıment	or rece	ipt that establishes
Document Title	•		Docum	ent Number			Expira	ation Da	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum									
Signature of Employer or Authorized									

# 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)		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  ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information and the of birth.		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				(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		
	<ul><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport; and</li></ul>		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		
	(2) An endorsement of the alien's	g	8. Native American tribal document	5.	Native American tribal document		
	nonimmigrant status as long as that period of endorsement has		Driver's license issued by a Canadian government authority		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:  10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record		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				Employment authorization document issued by the Department of Homeland Security		
	the 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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