

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 than the first day of emplo					st complete an	d sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Name)			Middle Initial	Other L	r Last Names Used (if any)			
Address (Street Number and N	Apt. Number		City or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Security Num			per Emplo	yee's E-mail Addı	ress	Er	Employee's Telephone Number		
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 p	erjury, that i a	ım (cnec	k one of the	Tollowing boxe	es): 				
1. A citizen of the United S	tates								
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Registration Number/USCIS Number):									
4. An alien authorized to w				_		_			
Some aliens may write " Aliens authorized to work must An Alien Registration Number OR 2. Form I-94 Admission Number OR	st provide only or r/USCIS Number /USCIS Number:	ne of the fo OR Form	ollowing docum	nent numbers to co				QR Code - Section 1 Not Write In This Space	
3. Foreign Passport Number: Country of Issuance:									
Signature of Employee				Signature Certific	ed Today's Dat	e (mm/dd/	<i>(</i> уууу)		
Preparer and/or Trans I did not use a preparer or to (Fields below must be comp.)	ranslator. oleted and sign	A prepare	er(s) and/or tra preparers an	nslator(s) assisted d/or translators	assist an empl	oyee in c	ompleting	g Section 1.)	
I attest, under penalty of p knowledge the information			sted in the C	completion of s	section i of th	is ionii a	ina that t	to the best of my	
Signature of Preparer or Translator Signature Certified Today's Date (mm/dd/yyyy)							dd/yyyy)		
Last Name (Family Name)				First Nam	ne (Given Name)				
Address (Street Number and N	lame)			City or Town			State	ZIP Code	

STOP

Employer Completes Next Page

STOP



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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	ily Name)	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			Issuing Authority					Issuing Authority			
Document Number			Document Number					Document Number			
Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)				Expiration Date (if any)(mm/dd/yyyy)				
Document Title											
Issuing Authority			Additional Information					QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number											
Expiration Date (if any)(mm/dd/yyyy)											
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 Authorized Representativ			e Today's Date(mm/dd/yyyy)			(dd/yyyy)	Title of Employer or Authorized 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 Name (Given N			Vame)	ame) Middle Initial I			Date (mm/dd/yyyy)				
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	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		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		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	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: 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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