

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

► 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 Ir than the first day of employe							st complete ar	nd sign S	ection 1 o	f Form I-9 no later	
Last Name (Family Name)		First Name (Given Name)				Middle Initial	Middle Initial Other Last Names Used (if any)				
Rodaers		Timothy				Wildale Irilliai	Other East Names Osed (II arry)				
Address (Street Number and Name)		Apt. Numb		umber	City or Town				State	ZIP Code	
1001 Westlake park					Houston				TX	77079	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Nun		nber Employ		ee's E-mail Address		ress	E	Employee's Telephone Number		
10-12-79 638-00		0000		trodgers@r		mail co		100-000-0000			
I am aware that federal law connection with the comple			onmen	t and/oi	r fine	s for fals	e statements	or use o	f false do	ocuments in	
I attest, under penalty of pe	erjury, that I a	am (che	ck one	of the	follov	ving box	es):				
1. A citizen of the United Sta	ites										
2. A noncitizen national of the United States (See instructions)											
3. A lawful permanent reside	ent (Alien Reg	gistration	Number	r/USC I S	Numb	er):					
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)											
Aliens authorized to work must			-			•	omploto Form I	a.	Q	R Code - Section 1	
An Alien Registration Number/U									Do N	lot Write In This Space	
1. Alien Registration Number/USCIS Number: OR											
2. Form I-94 Admission Number:											
OR											
3. Foreign Passport Number:											
Country of Issuance:											
Signature of Employee							Today's Da	Today's Date (mm/dd/yyyy) 1-30-20			
Preparer and/or Transl	lator Certif	ication	ı (che	ck on	e):						
I did not use a preparer or tra							I the employee ir		_		
(Fields below must be comple								-		<u> </u>	
I attest, under penalty of pe knowledge the information			isted i	n the co	ompl	etion of S	Section 1 of th	is form	and that	to the best of my	
Signature of Preparer or Translator								Today's Date (mm/dd/yyyy)			
Last Name (Family Name) First Name (e (Given Name)				
							,				
Address (Street Number and Name)				City or Town					State	ZIP Code	
									1		

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Employer Completes Next Page

STOP

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