

Employment Eligibility Verification

USCIS

Form I-9

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)	loyment, but not before accepting a job offer.) First Name (Given Name) Middle Initial C					Other Names Used (if any)			
Last Name (Family Name)	r iist Name (Ove	r rvame)	Middle initial	Curor realmon	, 0000 (,			
Address (Street Number and Name)	Apt. Nui	mber City o	Town	S	ate	Zip Code			
Date of Birth (mm/dd/yyyy) U.S. Socia	Telephone Number								
am aware that federal law provio		nd/or fines fo	or false statements	s or use of f	alse doc	uments in			
attest, under penalty of perjury,	that I am (check one of	f the followin	g):						
A citizen of the United States									
A noncitizen national of the Unit	ted States (See instruction	ons)							
A lawful permanent resident (Al	lien Registration Number	/USCIS Num	oer):						
An alien authorized to work until (e (See instructions)	xpiration date, if applicable	, mm/dd/yyyy)		. Some aliens	may writ	e "N/A" in this field.			
For aliens authorized to work, p	orovide your Alien Regist	ration Numbe	r/USCIS Number O	R Form I-94	Admissi	on Number:			
1. Alien Registration Number/U	SCIS Number:				Da Na	3-D Barcode of Write in This Space			
2. Form I-94 Admission Numbe	r:				DO NO	it write ill Tills Space			
If you obtained your admission States, include the following:		connection wit	h your arrival in the	United					
Foreign Passport Number	:								
Country of Issuance:									
Some aliens may write "N/A"	on the Foreign Passpor	t Number and	Country of Issuance	e fields. (Se	e instruc	tions)			
Signature of Employee: Date (mn						n/dd/yyyy):			
Preparer and/or Translator Co	ertification (To be com	pleted and si	gned if Section 1 is	prepared by	a persor	other than the			
attest, under penalty of perjury, nformation is true and correct.	that I have assisted in	the complet	on of this form an	d that to the	best of	my knowledge the			
Signature of Preparer or Translator:					Date (r	mm/dd/yyyy):			
Last Name (Family Name)		-	First Name (Given	ven Name)					

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 document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: AND List C List B OR List A Identity **Employment Authorization Identity and Employment Authorization** Document Title: Document Title: Document 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: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space Document Title: Issuing Authority: **Document Number:** Expiration Date (if any)(mm/dd/yyyy): Certification I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. (See instructions for exemptions.) The employee's first day of employment (mm/dd/yyyy): Signature of Employer or Authorized Representative Date (mm/dd/yyyy) Title of Employer or Authorized Representative Employer's Business or Organization Name First Name (Given Name) Last Name (Family Name) Zip Code Employer's Business or Organization Address (Street Number and Name) City or Town State Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)

the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:

Date (mm/dd/yyyy):

Print Name of Employer or Authorized Representative:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if

Expiration Date (if any)(mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee

Document Number:

presented that establishes current employment authorization in the space provided below.

Document Title:

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 O	R	LIST B Documents that Establish Identity AN	iD	LIST C Documents that Establish Employment Authorization
	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
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2	color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)			2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 	-	. School ID card with a photograph . Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
		8. 9.		4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and (2) An and argument of the clients		. Native American tribal document	5.	Native American tribal document
	(2) An endorsement of the alien's 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		Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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	1			Employment authorization document issued by the Department of Homeland Security
		1			
		12	2. Day-care or nursery school record		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.