

Employment Eligibility Verification

(Form I-9)

1 EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type) Last LastName	First FirstName	Middle MiddleName	Birth Name MaidenName
Address: Street Name and Number StreetAddress	City City	State State	ZIP Code ZipCode
Date of Birth (Month/Day/Year) DoB	Social Security Number SSN		

I attest, under penalty of perjury, that I am (check a box):

- ☒ 1. A citizen or national of the United States.
- ☐ 2. An alien lawfully admitted for permanent residence (Alien Number A ResidentAlienNumber).
- ☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A WorkAlienNumber, or Admission Number AdmissionNumber, expiration of employment authorization, if any WorkExpiration).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year) SignatureDate
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PREPARER/TRANSLATOR CERTIFICATION (To be completed if prepared by person other than the employee.) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type) TranslatorName		
Address (Street Name and Number) TranslatorAddress	City TCity	State TState	Zip Code TZip

2 EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from List A and check the appropriate box, **OR** examine one document from List B **and** one from List C and check the appropriate boxes.

Provide the **Document Identification Number and Expiration Date** for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	and	List C Documents that Establish Employment Eligibility
<input checked="" type="checkbox"/> 1. United States Passport.	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes.		<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment)
<input type="checkbox"/> 2. Certificate of United States Citizenship	<input checked="" type="checkbox"/> 2. U.S. Military Card		<input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification.
<input type="checkbox"/> 3. Certificate of Naturalization	<input type="checkbox"/> 3. Other (Specify document and issuing authority) _____		<input checked="" type="checkbox"/> 3. Unexpired INS Employment Authorization (Specify form) # _____
<input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization			
<input type="checkbox"/> 5. Alien Registration Card with photograph			
Document Identification #ListADocumentNumber _____	Document Identification #ListBDocumentNumber _____		Document Identification #ListCDocumentNumber _____
Expiration Date (if any) ListAExpiration _____	Expiration Date (if any) ListBExpiration _____		Expiration Date (if any) ListCExpiration _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type) EmployerName	Title EmployerTitle
Employer Name Employer	Address EmployerAddress	Date EmployerDate