

## **Employment Efigibility Verification** Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9 Okti No. 1613-0047 Expires 04/31/2019

F START HERE: Read imitractions carefully before completing this form. The instructions must be evallable, 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 iflegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The retural to hire or continue to employ

an individual because the documentation p	resented has a future	expiration date	may also consu	uta illegal discrim	nination.
Section 1. Employee information man the first day of employment, but not			st complete and	sign Section 1 of	Form I-9 no later
Last Harro (Family Hame)	First Hame (Given Name)		Unide Indus	initial Other Last Hames Used (# any)	
Box Øl	Janas		Ognyer	M	
Assess (Street Mancer and Harrie) 193 Downing S	A AT HATTER	Anta	poiron	54±6 15°L	86122
Date of Birth (mm/115/yyy) U.S. Social Sec	unty taunteer Employ	res's C-mat Add	1113	Employee's	Telephono Number
<u> </u>	<u>a 11384 v</u>	otasey:	@grail	.00	952-430
( am aware that federal law provides for connection with the completion of this !		fines for false	e statements or	use of false dos	tuments in
l attest, under penalty of perjury, that I a	m (check one of the	fallowing box	<del>65</del> ):		
1. A obzen of the United States					
2. A noncessor resonal of the United States	(See instructions)				
3. A lawful permanent resident (Aben fte)	pstration Number/USCIS	Митоет):	19528147	<u> </u>	
4. An ellen authorized to work - until (expir			07-2-50	18	
Some alterna may write "HVA" in the organ	· · · · · · · · · · · · · · · · · · ·			r	Çik Çoza - Jacoba II
Allens euthorized to work must provide only br An Allen Registration Humber/USC/S Number				1 6 6 -	NAME OF THE TAX STORES
Alen Regebaten Hamber/USCIS Number:     OR	A\$212	48	_		
Z. Form FSH Admission Humber: 1	5X+		<b></b>		
1. Foreign Passport Humber: 091	42004				
Country of Issuance:	- ·I			[	
Signature of Employee DBN DBN			Lotric bris tudica lists		
Proparer and/or Translator Certif  1 dd not use a property or sansker.  (Fields below must be completed and sign	A preparer(s) and/or tree ed when preparers an	rstator(s) assisted S/or translators	assist an emplo	yee in completing	Section 1.)
I attest, under penalty of perjury, that i i knowledge the information is true and d		empletion of t			
Synature (L'arguner or Translation			7024/10 Date (ministrati)		
Last Name (Family Name)		Fruke	e (Gren Name)		
Address (Safety Humber and Hame) NOO 139 TEAR CO	-9d)	JOWD?	NILO	5120 []	572 J.Q
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Employer Completes Next Page 120

