

**USCIS Form I-9**
Employment Eligibility VerificationDepartment of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9 Section 1: Employee Information and Attestation

I-9 Instructions: [English](#) | [Español](#)

Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

ANTI-DISCRIMINATION NOTICE **Employee Name and Identification**

First Name (Given Name): *

Vyom

Middle Initial: *

N

Last Name (Family Name): *

Thakkar

Other Last Names Used: *

Required or N/A

**Other Last Names Used must be entered
or declared N/A.**

U.S. Social Security Number: *

032-15-4108

(###-##-####)

Date of Birth: *

11/15/1997

(mm/dd/yyyy)

Employee Address and Contact Information

Address(Street Number and Name): *

202 S 4th Street

Apt. Number: *

2102-D

City or Town: *

Champaign

State: *

Illinois

Zip Code: *

61820

Employee's Telephone Number: *

N/A

(###-###-####)

Employee's Email Address: *

vnt2@illinois.edu

**Phone Number must be entered in one of
following formats: ###-###-####, (###) ###-
####, or #####.****Employee Employment Status**

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 perjury, that I am (check one of the following): *

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (see instructions)
- ☐ 3. A lawful permanent resident
- ☒ 4. An alien authorized to work

If you are an alien authorized to work, please provide the following additional information.

1 **Date authorized to work until** * Some aliens may check the N/A Checkbox. Hover over the for instructions.

05/15/2022

☐ N/A (Not Applicable)

2

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. *

| | | |
|---|--|----------------|
| <input type="radio"/> Alien Registration Number/USCIS Number: | <input type="text" value="N/A"/> | <Select One> ▼ |
| OR | <input type="text" value="###-###-###"/> | |
| <input type="radio"/> Form I-94 Admission Number: | <input type="text" value="N/A"/> | |
| OR | | |
| <input checked="" type="radio"/> Foreign Passport Number: | <input type="text" value="P6138034"/> | |
| Issuing Country: | <input type="text" value="INDIA"/> | |

Provide an Electronic Signature

IMPORTANT: YOU ARE SIGNING A U.S. GOVERNMENT FORM

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.

- 1 Enter your legal name as your electronic signature:

Employee Name (First, Middle Initial, and Last) *

- 2 Please enter and confirm the answer to the signature question listed below:

Please enter your birthplace.

Answer *

Confirm Answer *

- 3 Select the box next to "I Agree" to acknowledge that you have read and accept the fact that you are signing a U.S. Government Form and that you are 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 Agree *

- 4 Preparer and/or Translator Certification (select one): *

☒ I did not use a preparer or translator

☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1

- 5 Click "Sign Form I-9 Electronically" to complete the electronic signature.

Sign Form I-9 Electronically

Warning IMPORTANT: Section 1 Cannot Be Signed Until All Curable Errors Are Corrected. Edit this section to address all curable errors as listed in the Form I-9 Validation Alerts box.