

### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► 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 Information than the first day of employment, but not				st complete an	d sign Se	ection 1 c	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Nam		Middle Initial	Other L	ast Name	nes Used (if any)			
Address (Street Number and Name)	Apt. Number	City	or Town		•	State	ZIP Code		
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	urity Number Employee's E-mail Address					Employee's Telephone Number			
I am aware that federal law provides for connection with the completion of this f I attest, under penalty of perjury, that I a	form.				or use of	false do	cuments in		
	iii (check one of the	HOHOW	iiig boxe	:5).					
1. A citizen of the United States	(0 : ( :: )								
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Reg									
4. An alien authorized to work until (expiration of the state of the s	• •		_		_				
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	ne of the following docur OR Form I-94 Admissio	nent nur	nbers to co			Do	QR Code - Section 1 Not 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 Date (mi							m/dd/yyyy)		
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and significant completed)	A preparer(s) and/or tra ed when preparers ar	anslator( nd/or tra	anslators	assist an empl	oyee in c	completing	g Section 1.)		
I attest, under penalty of perjury, that I he knowledge the information is true and c		comple	etion of S	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)							dd/yyyy)		
Last Name (Family Name) First Name (Given Name)									
Address (Street Number and Name)		City or	y or Town State ZIP Code						

STOP Employer Completes Next Page STOP

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## 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 docui of Acceptable Documents.")	ment from List	A OR	a combin	ation of one	document	from List I	B and	one docum	ent from Li	st C as listed on the "Lists	
Employee Info from Section 1 Last Name (Family Name)				First Name (Given Name)			M.	I. Citizer	nship/Immigration Status		
List A OR Identity and Employment Authorization			List B AN			ANI	D	Emplo	List C byment Authorization		
Document Title Docum				ment Title				Document Title			
Issuing Authority Issu			Issuing Authority					Issuing Authority			
Document Number Do			Document Number					Document Number			
Expiration Date (if any)(mm/dd/yyyy) Expiration			piration Date (if any)(mm/dd/yyyy) Expirat				Expiration	Date (if any	v)(mm/dd/yyyy)		
Document Title											
Issuing Authority	Issuing Authority Addition			onal Information					QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number											
Expiration Date (if any)(mm/dd/yyy	ry)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any)(mm/dd/yyy	ry)										
Certification: I attest, under per (2) the above-listed document( employee is authorized to worl	s) appear to	be ge	nuine ar								
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)											
Signature of Employer or Authorized Representative Toda				Today's Da	ate(mm/dd/yyyy) Title of E			Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First Name of E			Employer or i	Authorized Representative Employer's Business or Organization Na				or Organization Name			
Employer's Business or Organization Address (Street Number a			Number a	nd Name)	City or Town				State	ZIP Code	
Section 3. Reverification	and Rehire	s (To	be com	pleted and	signed by	employ	er or a	authorized	d represen	tative.)	
A. New Name (if applicable)								B. Date of Rehire (if applicable)			
Last Name (Family Name)	ne) First Name (Given Na			lame)	Middle Initial Date			ate (mm/dd/yyyy)			
<b>C.</b> If the employee's previous grant continuing employment authorization					provide the	informat	ion for	the docum	nent or rece	ipt that establishes	
Document Title			Docume	Document Number			E	Expiration Date (if any) (mm/dd/yyyy)			
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 the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.											
				Date (mm/dd/yyyy) Name of Em				ployer or Authorized Representative			

# 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	OR	LIST B LIST C  Documents that Establish Documents that Establish Employment Authoriz  AND		
2.	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
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		color, and address  2. 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  3. School ID card with a photograph		<ul><li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li><li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li></ul>
4.	Employment Authorization Document that contains a photograph (Form I-766)				Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		4. Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
	<ul><li>a. Foreign passport; and</li><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport;</li></ul>		<ol> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	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 endorsement of the alien's nonimmigrant status as long as that period of endorsement has		8. Native American tribal document	5.	Native American tribal document
			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:		Identification Card for Use of Resident Citizen in the United States (Form I-179)
6.	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		10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

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