

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.

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Last Name (Family Name)	First Na	me (Given Name	Middle Initial	Other L	Other Last Names Used (if any)			
Address (Street Number and Name)		Apt. Number	City or Town		1.	State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. So	tte of Birth (mm/dd/yyyy) U.S. Social Security Num			ress	E	Employee's Telephone Number		
am aware that federal law providence to the completion of the comp	f this form.				r use of	false do	cuments in	
attest, under penalty of perjury,	that I am (chec	k one of the f	ollowing box	es):				
1. A citizen of the United States								
2. A noncitizen national of the Unite	d States (See ins	tructions)						
3. A lawful permanent resident (A	lien Registration	Number/USCIS N	lumber):				****	
4. An alien authorized to work unt				76			·	
Some aliens may write "N/A" in the		-	•		_			
Aliens authorized to work must provide An Alien Registration Number/USCIS I 1. Alien Registration Number/USCIS N	Number OR Form	ollowing docume I-94 Admission I	nt numbers to co Number OR For	omplete Form I-9; eign Passport Nu	mber.		QR Cade - Section 1 Not Write in This Space	
OR			 				•	
2. Form I-94 Admission Number: OR				_				
3. Foreign Passport Number:	, , , , , , , , , , , , , , , , , , , ,							
Country of Issuance:				_				
Signature of Employee		Today's Date	Today's Date (mm/dd/yyyy)					
Preparer and/or Translator I did not use a preparer or translator Fields below must be completed an	A prepar	er(s) and/or trans	lator(s) assisted	the employee in a	completing	y Sections ompleting	Section 1.)	
attest, under penalty of perjury, t nowledge the information is true	hat I have assi							
ignature of Preparer or Translator					roday's D	ate (mm/o	ld/yyyy)	
ast Name (Family Name)			First Nam	e (Given Name)				

Employer Completes Next Page



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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 document from List A OR a combination of one document from List B and one document from List C as listed on the List of Acceptable Pocuments.") M.I. Citizenship/Immigration Status Last Name (Family Name) First Name (Given Name) Employee Info from Section 1 List C AND List A OR List B **Employment Authorization** Identity 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 OR Code - Sections 2 & 3 Additional Information Issuing Authority Do Not Write In This Space Document Number Expiration Date (if any)(mm/dd/yyyy) **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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions) Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date(mm/dd/yyyy) Employer's Business or Organization Name First Name of Employer or Authorized Representative Last Name of Employer or Authorized Representative State City or Town ZIP Code Employer's Business or Organization Address (Street Number and Name) Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Middle Initial Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. Expiration Date (if any) (mm/dd/yyyy) Document Number Document Title 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. Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative Signature of Employer 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		LIST B Documents that Establish Identity		LIST C Documents that Establish Employment Authorization		
		OR	AN				
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		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		name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION		
	I-551 printed notation on a machine- readable immigrant visa		 ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or 		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
4.	Employment Authorization Document that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)		
5.	For a nonimmigrant alien authorized	3	3. School ID card with a photograph	3.	Certification of Report of Birth		
	to work for a specific employer because of his or her status: a. Foreign passport; and		4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card		issued by the Department of State (Form DS-1350)		
					Original or certified copy of birth		
	b. Form I-94 or Form I-94A that has	[certificate issued by a State,		
	the following: (1) The same name as the passport;		7. U.S. Coast Guard Merchant Mariner Card		county, municipal authority, or territory of the United States bearing an official seal		
	and (2) An endorsement of the alien's		B. Native American tribal document	5.	Native American tribal document		
	nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	10.	Driver's license issued by a Canadian government authority	6.	U.S. Citizen ID Card (Form I-197)		
			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)		
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				Employment authorization document issued by the Department of Homeland Security		
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			2. Day-care or nursery school record				

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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