

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 Informati than the first day of employment, but			st complete an	nd sign Se	ection 1 c	of Form I-9 no later		
Last Name (Family Name)	First Name (Given Nam	me)	Middle Initial Other Last Names Used			s 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. Social	Security Number Empl	oyee's E-mail Addı	E	Employee's Telephone Number				
I am aware that federal law provides connection with the completion of th	is form.			or use of	false do	cuments in		
I attest, under penalty of perjury, that	t I am (check one of the	following boxe	es): 					
1. A citizen of the United States								
2. A noncitizen national of the United St	ates (See instructions)							
3. A lawful permanent resident (Alien	Registration Number/USCI	S Number):						
4. An alien authorized to work until (ex								
Some aliens may write "N/A" in the ex	xpiration date field. (See ins	structions)		_		OD Code Costion 1		
Aliens authorized to work must provide onl An Alien Registration Number/USCIS Num					Do	QR Code - Section 1 o Not Write In This Space		
Alien Registration Number/USCIS Num OR	ber:		_					
2. Form I-94 Admission Number: OR			_					
3. Foreign Passport Number:								
Country of Issuance:			_					
Signature of Employee Today's Date (mm						m/dd/yyyy)		
Preparer and/or Translator Ce I did not use a preparer or translator. (Fields below must be completed and solutions) I attest, under penalty of perjury, that	A preparer(s) and/or tra	anslator(s) assisted and/or translators	assist an empl	loyee in c	completing	g Section 1.)		
knowledge the information is true an		completion of s	section i oi tii	15 101111 6	anu mat	to the best of my		
Signature of Preparer or Translator				Today's [Date (mm/	(dd/yyyy)		
Last Name (Family Name)		First Name	e (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		
					1			

STOP

Employer Completes Next Page

STOR



Employment Eligibility Verification

U.S. Citizenship and Immigration Services

Department of Homeland Security

For

First Name (Given Name)

USCIS Form I-9

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M.I. Citizenship/Immigration Status

Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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 "Lists of Acceptable Documents.")

Employee into from Section 1									
List A Identity and Employment Authorization	OR		List Ident			AN	ID	Empl	List C oyment Authorization
Document Title	De	ocument Title	е				Documen	t Title	
Issuing Authority	Is	suing Author	rity				Issuing A	uthority	
Document Number	De	ocument Nur	mber				Documen	t Number	
Expiration Date (if any)(mm/dd/yyyy)	E	xpiration Dat	e (if any)(n	nm/dd/y	ууу)		Expiration	n Date <i>(if an</i>	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additional I	nformatio	n					Code - Sections 2 & 3 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)									
Signature of Employer or Authorized Represe	ntative	T	oday's Dat	e (mm/c	dd/yyyy)	Title o	of Employe	r or Authoriz	zed Representative
Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative				ative	Employer's Business or Organization Name				
Employer's Business or Organization Address	(Street	Number and	Name)	City or	Town			State	ZIP Code
Section 3. Reverification and Reh	ires (T	o be compl	leted and	signed	by emplo	yer or	authorize	ed represei	ntative.)
A. New Name (if applicable)						E	3. Date of	Rehire <i>(if ap</i>	pplicable)
Last Name (Family Name)	irst Nam	ne (Given Na	me)		Middle Initia	al	Date (mm/	(dd/yyyy)	
C. If the employee's previous grant of employr continuing employment authorization in the sp			s expired,	provide	the informa	ation fo	r the docu	ment or rece	eipt that establishes
Document Title			Docume	nt Numb	per			Expiration D	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, that to the employee presented document(s), the									
Signature of Employer or Authorized Represe	ntative	Today's D	ate (mm/d	d/yyyy)	Name	of Emp	oloyer or A	uthorized R	epresentative

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 Documents that Establish Identity AN	D	LIST C Documents that Establish Employment Authorization	
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		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 color, and address	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH	
4.	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		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,		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or	
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:(1) The same name as the passport;		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 		territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)	
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Native American tribal document Driver's license issued by a Canadian government authority		Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	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:		Employment authorization document issued by the Department of Homeland Security	
Micronesia (FSM) or the F the Marshall Islands (RMI I-94 or Form I-94A indicat nonimmigrant admission u Compact of Free Associat	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	r the Republic of (RMI) with Form Indicating Sision under the Sociation Between	 School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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