

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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.

| than the first day of employment, but not k | before accepting a jo | | · | Ü | | f Form I-9 no later | | |
|--|--|-------------------------|-------------------|-----------|--------------------------------|---------------------|--|--|
| Last Name (Family Name) | First Name (Given Name) Middle Initial | | | Other L | Other Last Names 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 Secu | rity Number Empl | oloyee's E-mail Address | | | Employee's Telephone Number | | | |
| I am aware that federal law provides for i connection with the completion of this for | | or fines for fals | e statements o | r use of | false do | ocuments in | | |
| I attest, under penalty of perjury, that I a | m (check one of the | e following box | <mark>es):</mark> | | | | | |
| 1. A citizen of the United States | | | | | | | | |
| 2. A noncitizen national of the United States (See instructions) | | | | | | | | |
| 3. A lawful permanent resident (Alien Registration Number/USCIS Number): | | | | | | | | |
| 4. An alien authorized to work until (expirat | | | | _ | | | | |
| Some aliens may write "N/A" in the expiration date field. (See instructions) 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. | | | | | | | | |
| 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 | e (mm/dd/ | <u> </u> | | | |
| Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) | | | | | | | | |
| I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct. | | | | | | | | |
| Signature of Preparer or Translator | | | | Today's D | Date (mm/d | dd/yyyy) | | |
| Last Name (Family Name) | | First Nam | e (Given Name) | | | | | |
| Address (Street Number and Name) | | City or Town | | | State | ZIP Code | | |

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Employment Eligibility Verification Department of Homeland Security

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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 "Lists of Acceptable Documents.")

| Employee Info from Section 1 | Name (<i>Fami</i> | ily Name) | | First Na | ame (<i>Given N</i> | lame) |) N | I.I. Citiz | enship/immigration Status | | |
|--|-------------------------|----------------------------------|--------------|---|----------------------|-------------------|-----------------------------------|-------------------------------------|--|--|--|
| List A Identity and Employment Authoriza | OR | | List Iden | | | AN | | Fm | List C ployment Authorization | | |
| Document Title | | Document Title | | | | | Documen | | proyment realier Lation | | |
| Issuing Authority | | ssuing Authori | ity | | | | Issuing A | uthority | | | |
| Document Number | | Document Number | | | | | Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | Expiration Date | e (if any) (| mm/dd/y | ууу) | | Expiration | n Date (if | any) (mm/dd/yyyy) | | |
| Document Title | | | | | | | | | | | |
| Issuing Authority | | Additional Ir | nformatio | n | | | | | R Code - Sections 2 & 3 o 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 (2) the above-listed document(s) appendingee is authorized to work in the | pear to be goe United S | genuine and tates. | | | | | | | | | |
| The employee's first day of emplo | yment (m | m/dd/yyyy): | | | (See | e ins | truction | s for ex | emptions) | | |
| Signature of Employer or Authorized Rep | oresentative | To | oday's Dat | te (mm/d | dd/yyyy) T | itle of | Employe | r or Autho | orized Representative | | |
| Last Name of Employer or Authorized Representative First Name | | | nployer or i | rer or Authorized Representative Employ | | | | yer's Business or Organization Name | | | |
| Employer's Business or Organization Ad | dress (Stree | t Number and | Name) | City or | Town | | | State | ZIP Code | | |
| Section 3. Reverification and | Rehires (| To be comple | eted and | signea | by employe | er or a | authorize | ed repres | rentative.) | | |
| A. New Name (if applicable) | | | | | | В | B. Date of Rehire (if applicable) | | | | |
| Last Name (Family Name) | First Nar | Name (Given Name) Middle Initial | | | | Date (mm/dd/yyyy) | | | | | |
| C. If the employee's previous grant of emcontinuing employment authorization in the | | | s expired, | provide | the information | on for | the docu | ment or re | eceipt that establishes | | |
| Document Title Do | | | Docume | ment Number Expiration Date (if any) (mm/dd/yyyy) | | | | | Date (if any) (mm/dd/yyyy) | | |
| I attest, under penalty of perjury, tha the employee presented document(s | | • | | | | | | | • | | |
| Signature of Employer or Authorized Rep | presentative | Today's Da | ate (mm/c | ld/yyyy) | Name of | Emp | loyer or A | uthorized | 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 | LIST B | | | LIST C Documents that Establish Employment Authorization |
|------------------|---|---|--|----|--|
| | Employment Authorization | <mark>)R</mark> | An | ID | 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 temporary I-551 stamp or temporary | 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 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 INS AUTHORIZATION |
| 4. | 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 | | 2. | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| | that contains a photograph (Form I-766) | 3 | information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph | ۷. | by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 5. | to work for a specific employer because of his or her status: | | Voter's registration card | 3. | Original or certified copy of birth certificate issued by a State, |
| | | 5. | | | county, municipal authority, or |
| | a. Foreign passport; and | 6. | <u> </u> | | territory of the United States bearing an official seal |
| | b. Form I-94 or Form I-94A that has the following: | | U.S. Coast Guard Merchant Mariner | 4. | Native American tribal document |
| | (1) The same name as the passport; | | | 5. | U.S. Citizen ID Card (Form I-197) |
| | and (2) An endorsement of the alien's | 8. | Native American tribal document | | Identification Card for Use of |
| | nonimmigrant status as long as that period of endorsement has | 9. | Driver's license issued by a Canadian government authority | | Resident Citizen in the United States (Form I-179) |
| | 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: | 7. | Employment authorization document issued by the Department of Homeland Security |
| 1 - | Passport from the Federated States of Micronesia (FSM) or the Republic | 10 | School record or report card | | |
| | of the Marshall Islands (RMI) with | 11. Clinic, doctor, or hospital record | | | |
| nonimm Compac | rm I-94 or Form I-94A indicating nimmigrant admission under the impact of Free Association Between a United States and the FSM or RMI | 12 | 2. Day-care or nursery school record | | |

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

Refer to the instructions for more information about acceptable receipts.

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