

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	and Attestation before accepting a job	(Employees mu o offer.)	st complete and	l sign Se	ction 1 o	f Form I-9 no later	
Last Name <i>(Family Name)</i>	First Name (Given Nam	st Name (Given Name) Middle Initial 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 Sectors -	urity Number Emplo	Number Employee's E-mail Address			Employee's Telephone Number		
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 a	m (check one of the	following boxe	es):				
1. A citizen of the United States							
2. A noncitizen national of the United States	(See instructions)						
3. A lawful permanent resident (Alien Reg	gistration Number/USCIS	Number):					
4. An alien authorized to work until (expira							
Some aliens may write "N/A" in the expira	•	,				000.1.0.1.1	
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	OR Form I-94 Admission	nent numbers to c n Number OR For	omplete Form I-9. eign Passport Nu	: mber.	Do	QR Code - Section 1 Not Write In This Space	
Alien Registration Number/USCIS Number: OR							
2. Form I-94 Admission Number: OR		1/11					
3. Foreign Passport Number:	181						
Country of Issuance:						75-8184-115	
Signature of Employee			Today's Dat	e (mm/dd	/уууу)		
(Fields below must be completed and sign	A preparer(s) and/or tra ed when preparers ar	inslator(s) assiste id/or translators	assist an empl	oyee in d	completin	g Section 1.)	
I attest, under penalty of perjury, that I I knowledge the information is true and c		completion of	Section 1 of th	is form	and that	to the best of my	
Signature of Preparer or Translator				Today's	Date (mm/	(dd/yyyy)	
Last Name (Family Name)		First Nan	ne (Given Name)				
Address (Street Number and Name)		City or Town			State	ZIP Code	



SIGN Employer Completes Next Page SIGN





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oust physically examine one document from f Acceptable Documents.")				usiness day <mark>s</mark>	of the empl	oyee's first ent from Li	day of employment. You st C as listed on the "Lists"	
mployee Info from Section 1	Last Name (Family Name)			First Name (Given Name)			nship/Immigration Status	
List A Identity and Employment Authorizatio	OR n	List Ident		AN	D	Emple	List C byment Authorization	
Document Title	Document '	Title			Document	Title	, .	
ssuing Authority	Issuing Aut	hority			Issuing Au	thority	e de la companya de l	
Document Number	Document	Document Number			Document Number			
Expiration Date (if any)(mm/dd/yyyy)	Expiration (Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)			
Document Title								
ssuing Authority	Additiona	al Informatio	n	A A A A A A A A A A A A A A A A A A A			Code - Sections 2 & 3 Not Write In This Space	
Document Number								
Expiration Date (if any)(mm/dd/yyyy)								
Document Title								
ssuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yyyy)								
Certification: I attest, under penalty o 2) the above-listed document(s) appe employee is authorized to work in the The employee's first day of employ	ar to be genuine a United States.	and to relate		loyee name		to the bes	st of my knowledge the	
Signature of Employer or Authorized Repre	sentative	Today's Da	ite (mm/dd/y)	(yy) Title	of Employe	or Authori	zed Representative	
Last Name of Employer or Authorized Represer	tative First Name	of Employer or	Authorized Re	presentative	Employer	's Busines	s or Organization Name	
Employer's Business or Organization Addre	ess (Street Number	and Name)	City or Tow	'n	- I ,	State	ZIP Code	
Section 3. Reverification and R A. New Name (if applicable)	ehires (To be co	mpleted and	i signed by.	17 4 1 2 1 1 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r authorize B. Date of		The state of the s	
Last Name (Family Name)	First Name (Giver	n Name)	Mid	dle Initial	Date (mm/	dd/yyyy)		
C. If the employee's previous grant of empl			l, provide the	information f	or the docu	ment or red	peipt that establishes	
Document Title			Document Number			Expiration Date (if any) (mm/dd/yyyy)		
l attest, under penalty of perjury, that the employee presented document(s)								
Signature of Employer or Authorized Repre	esentative Toda	y's Date (mm/	/dd/yyyy)	Name of En	nployer or A	uthorized F	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 Both Identity and Employment Authorization)R	Documents that Establish Documents that Establish Employment Authoriza AND				
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 that contains a photograph (Form	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) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms		
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	4. 5.		3.	DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and	7.	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		Native American tribal document U.S. Citizen ID Card (Form I-197)		
	(2) An endorsement of the alien's	9.	Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
			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		
6.		1	O. 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.