

## 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.

Section 1. Employee Information than the first day of employment, but not	and Attestation	(Employees m	ust complete an	d sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Nam	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 Secu	urity Number Emple	oloyee'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	orm.			or use of	f false do	cuments in	
1. A citizen of the United States	in (check one of the	e tollowing box	tes):				
2. A noncitizen national of the United States	(See instructions)	·					
3. A lawful permanent resident (Alien Reg	istration Number/USCIS	S Number):				<del> </del>	
4. An alien authorized to work until (expira Some aliens may write "N/A" in the expira							
Aliens authorized to work must provide only one An Alien Registration Number/USCIS Number 1. Alien Registration Number/USCIS Number:  OR	e of the following docun OR Form I-94 Admissio	nent numbers to on Number OR Fo	complete Form I-9 reign Passport Nu —	: umber.		R Code - Section 1 of Write In This Space	
2. Form I-94 Admission Number: OR		<del></del>	_				
3. Foreign Passport Number:			_				
Country of Issuance:							
Signature of Employee	Today's Date (mm/dd/yyyy)						
Preparer and/or Translator Certifi  I did not use a preparer or translator.  (Fields below must be completed and signe	A preparer(s) and/or tra	inslator(s) assiste					
I attest, under penalty of perjury, that I have knowledge the information is true and co	ave assisted in the		STORY TO STORY STATE OF THE STA		POTENTIAL PROPERTY.		
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)					
Last Name (Family Name) First Name (Given Name)						•	
Address (Street Number and Name)	City or Town	Fown			ZIP Code		



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 "Lists of Acceptable Documents.") Last Name (Family Name) First Name (Given Name) Citizenship/Immigration Status M.I. Employee Info from Section 1 List A OR List B AND List C Identity and Employment Authorization Identity **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 QR Code - Sections 2 & 3 Issuing Authority Additional Information 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) Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name State Employer's Business or Organization Address (Street Number and Name) City or Town ZIP Code Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) B. Date of Rehire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy) 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. Document Title **Document Number** 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. Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Name 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  Employment Authorization	R	LIST B  Documents that Establish Identity  AN	ND.	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 temporary I-551 stamp or temporary I-551 printed notation on a machine-		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  ID card issued by federal, state or local	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.	readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and	- I	Voter's registration card  U.S. Military card or draft record  Military dependent's ID card	3.	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  (2) An endorsement of the alien's 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.	7.	U.S. Coast Guard Merchant Mariner     Card     Native American tribal document		Native American tribal document U.S. Citizen ID Card (Form I-197)
		9.	Driver's license issued by a Canadian government authority	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
		F	For persons under age 18 who are unable to present a document listed above:		Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshali 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		School record or report card     Clinic, doctor, or hospital record     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.