

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.

| Apt. Number City or Town State ZIP Code Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number 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. attest, under penalty of perjury, that I am (check one of the following boxes): 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 (expiration date, if applicable, mm/dd/yyyy): 5. Some aliens may write "NA" 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 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: OR 3. Foreign Passport Number: Country of Issuance: Today's Date (mm/dd/yyyy) | Section 1. Employee Information that the first day of employment, but n | | | ist complete an | d sign Se | ection 1 o | f Form I-9 no later |
|--|---|--|---|-----------------------------|-----------|----------------|------------------------|
| Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number 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. attest, under penalty of perjury, that I am (check one of the following boxes): 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 (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "NIA" 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. OR 3. Foreign Passport Number: OR 3. Foreign Passport Number: Country of Issuance: Signature of Employee Today's Date (mm/dd/yyyy) Preparer and/or Translator Certification (check one): 1 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.) 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 mowledge the information is true and correct. First Name (Given Name) | Last Name (Family Name) | First Name (Given Na. | me) | Middle Initial | Other L | ast Names | s Used <i>(if any)</i> |
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| attest, under penalty of perjury, that I am (check one of the following boxes): 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 (expiration date, if applicable, mm/dd/yyyy): 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. 1. 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 (mm/dd/yyyy) Preparer and/or Translator Certification (check one): 1 I did not use a preparer or translator. A preparer(s) and/or translators 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.) 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. First Name (Given Name) | Date of Birth (mm/dd/yyyy) U.S. Social S | ecurity Number Emp | loyee's E-mail Add | Employee's Telephone Number | | | |
| 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 (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "NA" 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. 1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: Country of Issuance: Signature of Employee Today's Date (mm/dd/yyyy) Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translators assist an employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) 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 (mowledge the information is true and correct. Signature of Preparer or Translator First Name (Given Name) First Name (Given Name) | connection with the completion of this | s form. | | | or use of | false do | cuments in |
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| Country of Issuance: Signature of Employee | | | | _ | | | |
| Signature of Employee Today's Date (mm/dd/yyyy) 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.) 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 Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) | 3. Foreign Passport Number: | | | | | | |
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| Signature of Preparer or Translator Today's Date (mm/dd/yyyy) Last Name (Family Name) First Name (Given Name) | I did not use a preparer or translator. (Fields below must be completed and signattest, under penalty of perjury, that | A preparer(s) and/or tr gned when preparers a I have assisted in the | ranslator(s) assisted nd/or translators | assist an empl | oyee in c | ompleting | g Section 1.) |
| Last Name (Family Name) First Name (Given Name) | | correct. | | I | | | |
| | Signature of Preparer or Translator | | | | Today's E | Date (mm/d | dd/yyyy) |
| Address (Street Number and Name) City or Town State ZIP Code | Last Name (Family Name) | | First Nam | e (Given Name) | | | |
| | Address (Street Number and Name) | | City or Town | | | State | ZIP Code |

STOP

Employer Completes Next Page

STOR



Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

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.")

| of Acceptable Documents.") | | | | | | | | | | |
|--|--|----------|---------------|--------------------------|-----------------------------------|---------------|-------------------|-----------|------------|---|
| Employee Info from Section 1 | Dloyee Info from Section 1 Last Name (Family Name | | | | First Name (Given Name) | | | M.I. | Citize | nship/Immigration Status |
| List A Identity and Employment Auth | norization | OR | | Lis ^a Iden | | , | AND | | Emplo | List C pyment Authorization |
| Document Title | | | Document T | ïtle | | | Docum | ent Tit | le | |
| Issuing Authority | | | Issuing Auth | ority | | | Issuing | Autho | rity | |
| Document Number | | | Document N | lumber | | | Docum | ent Nu | ımber | |
| Expiration Date (if any)(mm/dd/yyy | y) | | Expiration D | ate (if any)(| mm/dd/yyy | /) | Expirat | ion Da | te (if any | y)(mm/dd/yyyy) |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | Additiona | Information | n | | | | | Code - Sections 2 & 3 ot Write In This Space |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | у) | | | | | | | | | |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | y) | | | | | | | | | |
| (2) the above-listed document(s | 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 e | mploym | ent (n | nm/dd/yyyy | /): | | (See | instructio | ons fo | r exem | nptions) |
| Signature of Employer or Authorize | d Represe | entative | е | Today's Da | te (mm/dd/ | yyyy) Titl | e of Emplo | yer or | Authoriz | ed Representative |
| Last Name of Employer or Authorized F | Representa | tive | First Name of | Employer or | Authorized F | epresentative | Emplo | yer's B | usiness | or Organization Name |
| Employer's Business or Organization | on Address | s (Stre | et Number a | nd Name) | City or To | wn | • | St | tate | ZIP Code |
| Section 3. Reverification | and Reh | ires | (To be com | pleted and | d signed by | √ employer | or author | ized re | epresen | tative.) |
| A. New Name (if applicable) | | | | | B. Date of Rehire (if applicable) | | | plicable) | | |
| Last Name (Family Name) First Name (Given I | | | Name) | Mi | ddle Initial | Date (m | Date (mm/dd/yyyy) | | | |
| C. If the employee's previous grant continuing employment authorizatio | | | | | , provide the | e information | for the do | cumen | t or rece | ipt that establishes |
| Document Title | | | | Docume | ent Number | | | Expi | ration Da | ate (if any) (mm/dd/yyyy) |
| I attest, under penalty of perjurthe employee presented docum | | | | | | | | | | |
| Signature of Employer or Authorized Representative T | | | | Date (mm/ | dd/yyyy) | Name of E | mployer o | Autho | rized Re | 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 | ۱D | LIST C Documents that Establish Employment Authorization |
|----|---|----|---|----|--|
| 3. | 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- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) | | 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 government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph | 2. | 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 (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 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and | | Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card | 4. | Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) |
| | (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. | | 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: | | Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security |
| 6. | 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 | | 10. School record or report card11. Clinic, doctor, or hospital record12. 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.

Form I-9 07/17/17 N Page 3 of 3