

## **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.

an individual because the documentation p	nesenteu nas a	iuture e	xpiration date	nay also consi	illute illeg	jai uisciiii	ili lation.	
Section 1. Employee Information than the first day of employment, but not				st complete an	d sign Se	ection 1 o	Form I-9 no later	
Last Name (Family Name)	First Name (Give	n Name)		Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Nu	mber	City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	curity Number	ber Employee's E-mail Address			Er	Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this f	form.				r use of	false do	cuments in	
l attest, under penalty of perjury, that I a	am (check one	of the fo	ollowing boxe	s):				
1. A citizen of the United States							¥ 1010	
2. A noncitizen national of the United States	s (See instructions	:)						
3. A lawful permanent resident (Alien Re	gistration Number/	USCIS N	Number):			anger op die generale van		
4. An alien authorized to work until (expir Some aliens may write "N/A" in the expir					_			
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number  1. Alien Registration Number/USCIS Number  OR	OR Form I-94 Ad						QR Code - Section 1 Not Write In This Space	
2. Form I-94 Admission Number: OR								
3. Foreign Passport Number:				<u> </u>				
Country of Issuance:				_				
Signature of Employee		Today's Dat	oday's Date (mm/dd/yyyy)					
(Fields below must be completed and sign	A preparer(s) and ed when prepare	d/or trans ers and/	slator(s) assisted for translators	assist an empl	oyee in c	ompleting	Section 1.)	
I attest, under penalty of perjury, that I he knowledge the information is true and o		the co	mpletion of S	ection 1 of th	is form a	ind that t	to the best of my	
Signature of Preparer or Translator					Today's E	oate ( <i>mm/c</i>	ld/yyyy)	
Last Name (Family Name)	8		First Name	e (Given Name)				
Address (Street Number and Name)		С	City or Town			State	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) M.I. Citizenship/Immigration Status 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.) B. Date of Rehire (if applicable) A. New Name (if applicable) Middle Initial Last Name (Family Name) First Name (Given Name) 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 Number** Expiration Date (if any) (mm/dd/yyyy) Document Title 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 OR			LIST B  Documents that Establish  Identity  AN	LIST C  Documents that Establish Employment Authorization ND			
1.	U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a		A Social Security Account Number		
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		State or outlying possession of the United States provided it contains a photograph or information such as		card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT		
temporary I-551 stamp of I-551 printed notation or	Foreign passport that contains a temporary I-551 stamp or temporary	2	name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION		
	I-551 printed notation on a machine- readable immigrant visa		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		
4.	Employment Authorization Document that contains a photograph (Form I-766)				Certification of report of birth issue by the Department of State (Forms DS-1350, FS-545, FS-240)		
_	,		3. School ID card with a photograph				
5.	For a nonimmigrant alien authorized to work for a specific employer		4. Voter's registration card		Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
1555 55 10	because of his or her status:	6	U.S. Military card or draft record     Military dependent's ID card				
	a. Foreign passport; and b. Form I-94 or Form I-94A that has						
0.	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		
					U.S. Citizen ID Card (Form I-197)		
			8. Native American tribal document		Identification Card for Use of		
			Driver's license issued by a Canadian government authority		Resident Citizen in the United States (Form I-179)		
			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 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 card				
		Ī	11. Clinic, doctor, or hospital record				
			12. 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.