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Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services

► 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 and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)									
Last Name (Family Name) First			First Name <i>(Given Name)</i>			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 Security Num Image: Constraint of the security of the securit			ber Employee's E-mail Address				E	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 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 comple An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign 1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:	DO NOL WITLE IT THIS	
Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>	
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)ate (<i>mm/d</i>	d/уууу)
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code

STOP

STOP



Employment Eligibility Verification

Department of Homeland Security

USCIS						
Form I-9						
OMB No. 1615-0047						
Expires 10/31/2022						

U.S. Citizenship and Immigration Services

Employee Info from Section 1		⁼ amily Name)	First Name	e (Given Name)	M.I.	Citizenship/Immigration Status		
List A Identity and Employment Aut		OR	List B Identity	AND	·	List C Employment Authorization		
Document Title		Document Title		Doc	cument Ti	tle		
Issuing Authority		Issuing Authority	,	Issu	Issuing Authority			
Document Number		Document Numb	ber	Doc	Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)			Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)			
Document Title								
Issuing Authority		Additional Inf	ormation			QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number								
Expiration Date (if any) (mm/dd/yy)	<i>(</i> y)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any) (mm/dd/yy	<i>(y</i>)							

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			f Employer or Authorized Representative			ative	Employer's Business or Organization Name			
Employer's Business or Organization Address (<i>Street Number an</i>				d Name) City or Town			State	ZIP Code		
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)										
A. New Name (if applicable)						E	B. Date of Rehire (if applicable)			
Last Name (Family Name) First Name (Given Na			Name) Middle Initial			al	Date (<i>mm/dd/yyyy</i>)			
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				1	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 I			Date (<i>mm/dd/yyyy</i>) Name of Er			of Emp	f 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	DR	LIST B Documents that Establish Identity AN	ID	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- readable immigrant visa		 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, 	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 (3) VALID FOR WORK ONLY WITH
4.	Employment Authorization Document that contains a photograph (Form I-766)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		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		 School ID card with a photograph 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 		7. U.S. Coast Guard Merchant Mariner Card	4. 5.	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		 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)
	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
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	-	 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.