

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 | | | | | st complete an | d sign Se | ection 1 o | f Form I-9 no later | |
|--|--------------------------|--|-----------|--------------------------|----------------|--------------------------------------|-----------------------------|---------------------|--|
| Last Name (Family Name) | | First Name (Given Name) | | | Middle Initial | itial Other Last Names Used (if any) | | | |
| Address (Street Number and I | Apt. Number City or Town | | | • | | State | ZIP Code | | |
| Date of Birth (mm/dd/yyyy) U.S. Social Security Nu | | | Employe | nployee'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 | ım (check one | of the fo | ollowing boxe | s): | | | | |
| 1. A citizen of the United States | | | | | | | | | |
| 2. A noncitizen national of | the United States | (See instruction | s) | | | | | | |
| 3. A lawful permanent res | ident (Alien Re | gistration Number | /USCIS N | 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 Numbe | r: | Military management and the control of the control | · | | | | | | |
| Country of Issuance: | | | | | - | | | | |
| Signature of Employee | | | | | Today's Date | e (mm/dd/ | <i>'</i> (УУУУ) | | |
| 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 Trans | | orrect. | | | | Today's E | Date (mm/c | ld/yyyy) | |
| Last Name (Family Name) First Name (Given Name) | | | | | | | | | |
| Address (Street Number and I | Vame) | A CONTRACTOR OF THE CONTRACTOR | С | ity or Town | ****** | | State | ZIP Code | |
| | | | | | | | | | |



Employer Completes Next Page





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| Section 2. Employer or (Employers or their authorized rep. must physically examine one docu of Acceptable Documents.") | resentative m | ust con | nplete and sign S | Sectio | n 2 within 3 | business da | ys of the ϵ | employe cument | ee's firs t from L | st day of employment. You ist C as listed on the "Lisi | |
|---|-------------------------------|----------------------|--------------------------------------|------------------------------|---------------|---------------|--------------------------------------|--------------------------------------|----------------------------|---|--|
| Employee Info from Section 1 | Last Name | Name) | First Name (Given | | e (Given Nan | 1e) | M.I. | Citize | zenship/Immigration Status | | |
| List A Identity and Employment Aut | horization | OR | | List Iden | | Α | ND | 1 | Empl | List C oyment Authorization | |
| Document Title | | Do | ocument Title | | | | Docum | ent Titi | e | | |
| 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 | | | | | | | | | | | |
| Issuing Authority | Issuing Authority | | | matic | on | | | | | Code - Sections 2 & 3 Not Write In This Space | |
| Document Number | | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yy) | (y) | | | | | | | | | : | |
| Document Title | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number | | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yy) | (y) | | | | | | | | | | |
| 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 Authorize | ed Represent | ative | Today | r's Da | te (mm/dd/y | yyy) Title | of Emplo | yer or <i>i</i> | Authoria | zed Representative | |
| Last Name of Employer or Authorized | Representative | e Firs | st Name of Employ | er or / | Authorized Re | epresentative | Employ | yer's B | usiness | or Organization Name | |
| Employer's Business or Organizat | on Address (| Street N | Number and Nan | ne) | City or Tow | vn | • | St | ate | ZIP Code | |
| Section 3. Reverification | and Rehir | es (To | o be completed | d and | signed by | employer o | or authon | zed re | presei | ntative.) | |
| A. New Name (if applicable) | | | | | | | B. Date | of Rehi | re (if ap | pplicable) | |
| Last Name (Family Name) | Fin | st Name | e (Given Name) | | Mid | dle Initial | Date (m | m/dd/y | ууу) | | |
| C. If the employee's previous grant continuing employment authorization | of employme on in the spac | ent auth ce provi | orization has ex ded below. | pired, | provide the | information | for the do | cumen | t or rec | eipt that establishes | |
| Document Title | | | Do | cume | ent Number | | | Expi | ration D | ate (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. | | | | | | | | | | | |
| | | | | Date (mm/dd/yyyy) Name of Em | | | nployer 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 | 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- | | 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 | 3. 4. | 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. | 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 | | 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 | | School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID 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 |
| | the following: (1) The same name as the passport; and | | . 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 nonimmigrant status as long as that period of endorsement has | | 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) |
| | not yet expired and the 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 | | 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.