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 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.)

	· ·			0 3	,				
Last Name (Family Name)	F	First Nam	ie (Give	en Name))	Middle Initial	Other L	ast Names	Used <i>(if any)</i>
Address (Street Number and Name)			Apt. Nı	Number City or Town				State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Secur	rity Numb	ber	Employe	ee's E-mail Addr	ess	Er	mployee'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/USCI	S Numbe	er):				
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/y	ууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	tructions	s)		-		
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio		Do	QR Code - Section 1 Not Write In This Space			
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	e (mm/dd/	(уууу)	
Preparer and/or Translator Certification (check o	ne):					
I did not use a preparer or translator. A preparer(s) and/or tra	-	s) assisted the	employee in o	completin	g Section	1.
(Fields below must be completed and signed when preparers ar	nd/or tra	nslators ass	sist an emplo	yee in c	ompletin	g Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	comple	tion of Sec	tion 1 of thi	s form a	and that	to the best of my
Signature of Preparer or Translator			-	Today's D	Date (mm/	dd/yyyy)
Last Name (Family Name)		First Name (0	Given Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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.")

Employee Info from Section 1	e (Family Name)	First Name (Given Name)	M.I. Citizenship/Immi	gration Status			
List A Identity and Employment Authorization	OR List Iden		List C Employment Au	thorization			
Document Title	Document Title	Doc	ument Title				
Issuing Authority	Issuing Authority	Issu	Issuing Authority				
Document Number	Document Number	Doo	Document Number				
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)	mm/dd/yyyy) Exp	Expiration Date (<i>if any</i>)(<i>mm/dd/yyyy</i>)				
Document Title							
Issuing Authority	Additional Informatic	n	QR Code - Section Do Not Write In Thi				
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			tative	e Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number and			nd Name)	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 Initi	dle Initial Date (mm/c			(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			Docum	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 D			Date (mm/	/dd/yyyy) Name	ame of Employer or Authorized Representative			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	LIST C Documents that Establish Employment Authorization ND			
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, provided it contains a photograph or 	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 DHS AUTHORIZATION 		
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	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)		
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	ŀ	 School ID card with a photograph Voter's registration card 	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)		
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 		 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		
	and (2) An endorsement of the alien's nonimmigrant status as long as	-	 Native American tribal document Driver's license issued by a Canadian 		Native American tribal document		
	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.	-	For persons under age 18 who are unable to present a document listed above:		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)		
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 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	8.	Employment authorization document issued by the Department of Homeland Security		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.