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.)

, ,	· · ·		'	0,	/				
Last Name (Family Name)		First Nar	ne <i>(Giv</i>	en Name,	)	Middle Initial	Other L	ast Names	Used (if any)
Address (Street Number and N	lame)		Apt. Ni	umber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Secu	urity Num	ber	Employe	ee's E-mail Addr	ess	E	mployee's <sup>-</sup>	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 inclusional of the United viate (See instance)     2. A noncitizent ational of the United viate (See instance)     3. A lawful permanent. Tent (A in Registration um tr/US/ S I mbe     4. An alien autorized to wo up (expirate date f applicate, m dd/y; /):		
Some aliens write A" i ne expiration late eld. ( instructions Aliens authorized to work must provide only one of the following document numbers to comp 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:		
Signature of Employee	Today's Date (mm/dd/yyyy)	

#### Preparer and/or Translator Certification (check one):

STOP

ld	did not use a preparer or translator.	A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Field	ls below must be completed and s	aned 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	Date (mm/d	d/yyyy)
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code

STOP



## **Employment Eligibility Verification**

### **Department of Homeland Security**

### U.S. Citizenship and Immigration Services

Employee Info from Section 1		(Family Name)	First Name (0	Given Name)	M.I.	Citizenship/Immigration Status			
List A Identity and Employment Auth		OR	List B Identity			List C Employment Authorization			
Document Title		Document Title	Document Title D			Document Title			
Issuing Authority		Issuing Authority	MPLE	Issui	Issuing Authority				
Document Number	Document Number			Document Number					
Expiration Date <i>(if any)(mm/dd/yyy</i>	Expiration Date (i	Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)				
Document Title									
ssuing Authority		Additional Info	rmation			QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number									
Expiration Date ( <i>if any</i> )( <i>mm/dd/yyy</i> )	/)								
Document Title		-							
ssuing Authority									
Document Number		-							
Expiration Date (if any)(mm/dd/yyy	/)								

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 ( <i>mm/dd/yyyy</i> )			Title of Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of E			Employer or Authorized Representative			ative	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.)								ntative.)		
A. New Name (if applicable)				B. Date			B. Date of R	ate of Rehire (if applicable)		
Last Name (Family Name) First Name (Given Na			Name)	ame) 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			E	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 of Ei			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	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 Employment Authorization Document that contains a photograph (Form	-		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,	1.	<ul> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:</li> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li>Certification of report of birth issued by the Department of State (Forms</li> </ul>
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and	-	4. 5.	gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	DS-1350, FS-545, FS-240)
	<ul> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's</li> </ul>	-		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document		•
	(2) An endorsement of the alter'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.	-		Driver's license issued by a Canadian government authority or persons under age 18 who are unable to present a document listed above:	7.	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		11.	School record or report card Clinic, doctor, or hospital record 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.