

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

| , | mily Name) First Name (Given Name) Middle | | | | Last Names Used (if any) | | |
|--|--|----------------------------------|---|-----------|--------------------------|--|--|
| ddress (Street Number and Name) | Apt. Number | City or Town | | | State | ZIP Code | |
| Date of Birth (mm/dd/yyyy) U.S. Social Sec | urity Number Emplo | l yee's E-mail Add | dress | E | mployee's | Telephone Numbe | |
| am aware that federal law provides for onnection with the completion of this f | imprisonment and/o | r fines for fals | se statements o | r use of | false do | ocuments in | |
| attest, under penalty of perjury, that I a | | following box | es): | | | | |
| 1. A citizen of the United States | | | | | | | |
| 2. A noncitizen national of the United States | (See instructions) | | | | | | |
| 3. A lawful permanent resident (Alien Reg | gistration Number/USCIS | Number): | | | | | |
| 4. An alien authorized to work until (expira | ation date, if applicable, n | nm/dd/yyyy): | *************************************** | | | | |
| Some aliens may write "N/A" in the expira | | | | | | | |
| Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number | e of the following docum OR Form I-94 Admission | ent numbers to a Number OR Fo | complete Form I-9. reign Passport Nu | mber. | Do | QR Code - Section 1 o Not Write In This Space | |
| Alien Registration Number/USCIS Number: OR | | | | | | | |
| 2. Form I-94 Admission Number: | | | | | | | |
| OR 3. Foreign Passport Number: | | | | | | | |
| Country of Issuance: | | | | | | | |
| ignature of Employee | | | Todoulo Dod | | , , | | |
| | | | Today's Date | e (mm/dd/ | 'yyyy) | | |
| reparer and/or Translator Certif I did not use a preparer or translator. Fields below must be completed and signal | A preparer(s) and/or tran | slator(s) assiste | d the employee in | completin | g Section | 1. a Section 1) | |
| attest, under penalty of perjury, that I h nowledge the information is true and co | ave assisted in the c | ompletion of | Section 1 of thi | s form a | nd that | to the best of m | |
| ignature of Preparer or Translator | | | | Today's D | ate (mm/ | dd/yyyy) | |
| ast Name <i>(Family Name)</i> | | First Nar | me (Given Name) | | | | |
| | | | | | | | |



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| Section 2. Employer or a (Employers or their authorized reprinust physically examine one document Acceptable Documents.") | esentative mus | t complete an | d sian Section | n 2 within 3 | husiness da | vs of the er | mployee's ument fro | s first day of employment. You om List C as listed on the "Lists | | |
|---|---|---|---|----------------------|---------------|---------------------------------------|---------------------------------|---|--|--|
| Employee Info from Section 1 | Last Name (F | amily Name) | Annual and Annual and Annual Annua | First Nam | e (Given Nan | ne) | M.I. C | Citizenship/Immigration Status | | |
| List A Identity and Employment Aut | O horization | R | List Iden | | A | ND | E | List C | | |
| Document Title | | Document 7 | Γitle | | | Docume | ent Title | | | |
| Issuing Authority | | Issuing Authority | | | | Issuing | Issuing Authority | | | |
| Document Number | | Document 1 | Number | | | Docume | ent Numb | per | | |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) Expira | | | | | ation Date (if any)(mm/dd/yyyy) | | | |
| Document Title | | | | | | | | | | |
| Issuing Authority | | Additiona | I Informatio | n | | | | QR Code - Sections 2 & 3 Do Not Write In This Space | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | y) | | | | | | | | | |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | ועי | | | | | | | | | |
| Certification: I attest, under per (2) the above-listed document(semployee is authorized to work. The employee's first day of experience of the control of | s) appear to b t in the United employment (| d States. mm/dd/yyy | y): | to the em | ployee nam | ed, and (3 | 3) to the | above-named employee, best of my knowledge the exemptions) | | |
| Signature of Employer or Authorize | ed Representati | ve | Today's Da | te(<i>mm/dd/y</i>) | yyy) Title | of Employ | er or Aut | horized Representative | | |
| Last Name of Employer or Authorized I | Representative | First Name of | Employer or i | Authorized R | epresentative | Employe | er's Busir | ness or Organization Name | | |
| Employer's Business or Organization | on Address (Str | reet Number a | nd Name) | City or Tov | wn | | State | ZIP Code | | |
| Section 3. Reverification | and Rehires | (To be com | pleted and | signed by | employer o | or authoriz | ed repre | esentative.) | | |
| A. New Name (if applicable) | | | | | | | | (if applicable) | | |
| Last Name (Family Name) | First I | | | | | - | te (mm/dd/yyyy) | | | |
| C. If the employee's previous grant continuing employment authorizatio | of employment on in the space | authorization provided below | has expired, v. | provide the | information | for the doc | ument or | receipt that establishes | | |
| Document Title | | | Document Number | | | Expiration Date (if any) (mm/dd/yyyy) | | | | |
| l attest, under penalty of perjur the employee presented docum | y, that to the le | best of my k | nowledge, t | this emplo | yee is author | orized to | work in t | the United States, and if | | |
| Signature of Employer or Authorize | d Representati | ve Today's | Date (mm/o | | | | | ed 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 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 | 1. | 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 | 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 |
| 4. | I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) | | 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 | 2. | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 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: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: | 4. 5. 6. | School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner | | Certification of Report of Birth issued by the Department of State (Form DS-1350) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States |
| 6. | (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. 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 | | Card Native American tribal document Driver's license issued by a Canadian government authority | 5. 6. | bearing an official seal |
| | | F | or persons under age 18 who are unable to present a document listed above: | | Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 11. | School record or report card Clinic, doctor, or hospital record Day-care or nursery school record | δ. | 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.