

### **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 Informati than the first day of employment, but   |                                 |   | st complete an | nd sign Se | ection 1 c                  | of Form I-9 no later                           |  |  |
|---|---------------------------------|---|----------------|------------|-----------------------------|--|--|--|
| Last Name (Family Name)   | First Name (Given Nam           | me)                                     | Middle Initial | Other L    | er 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 Number Emplo           | oyee's E-mail Addr                      | ress           | E          | Employee's Telephone Number |  |  |  |
| l am aware that federal law provides<br>connection with the completion of th                                  | nis form.                       |   |                | or use of  | false do                    | cuments in                                     |  |  |
| I attest, under penalty of perjury, tha   | t I am (check one of the        | following boxe                          | es):           |            |                             |  |  |  |
| 1. A citizen of the United States   |                                 |   |                |            |                             |  |  |  |
| 2. A noncitizen national of the United St   | tates (See instructions)        |   |                |            |                             |  |  |  |
| 3. A lawful permanent resident (Alien   | Registration Number/USCIS       | S Number):                              |                |            |                             |  |  |  |
| 4. An alien authorized to work until (e.  | xpiration date, if applicable,  | mm/dd/yyyy):                            |                |            |                             |  |  |  |
| Some aliens may write "N/A" in the e  | expiration date field. (See ins | structions)                             |                |            |                             | 000 1 0 1 1                                    |  |  |
| Aliens authorized to work must provide on<br>An Alien Registration Number/USCIS Num                           |                                 |   |                |            | Do                          | QR Code - Section 1<br>Not Write In This Space |  |  |
| Alien Registration Number/USCIS Num     OR  | ber:                            |   | _              |            |                             |  |  |  |
| 2. Form I-94 Admission Number: OR   |                                 |   | _              |            |                             |  |  |  |
| 3. Foreign Passport Number:   |                                 |   |                |            |                             |  |  |  |
| Country of Issuance:  |                                 |   | _              |            |                             |  |  |  |
| Signature of Employee Today's Date (mm  |                                 |   |                |            |                             | m/dd/yyyy)                                     |  |  |
| Preparer and/or Translator Ce  I did not use a preparer or translator.  (Fields below must be completed and s | A preparer(s) and/or tra        | anslator(s) assisted and/or translators | assist an empl | loyee in c | completing                  | g Section 1.)                                  |  |  |
| I attest, under penalty of perjury, tha<br>knowledge the information is true an                               |                                 | completion of S                         | ection 1 of th | is form a  | and that                    | to the best of my                              |  |  |
| Signature of Preparer or Translator   |                                 |   |                | Today's [  | Date (mm/                   | (dd/yyyy)                                      |  |  |
| Last Name (Family Name)   |                                 | First Name                              | e (Given Name) |            |                             |  |  |  |
| Address (Street Number and Name)  |                                 | City or Town                            |                |            | State                       | ZIP Code                                       |  |  |
|   |                                 |   |                |            |                             |  |  |  |

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## Employment Eligibility Verification

U.S. Citizenship and Immigration Services

Department of Homeland Security

For

First Name (Given Name)

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

M.I. Citizenship/Immigration Status

### Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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 into from Section 1   |          |               |               |         |  |          |             |                      |  |
|--|----------|---------------|---------------|---------|--|----------|-------------|----------------------|--|
| List A Identity and Employment Authorization   | OR       |               | List<br>Ident |         |  | AN       | ID          | Empl                 | List C<br>oyment Authorization                   |
| Document Title   | De       | ocument Title | е             |         |  |          | Documen     | t Title              |  |
| Issuing Authority  | Is       | suing Author  | rity          |         |  |          | Issuing A   | uthority             |  |
| Document Number  | D        | ocument Nur   | mber          |         |  |          | Documen     | t Number             |  |
| Expiration Date (if any)(mm/dd/yyyy)   | E        | xpiration Dat | e (if any)(n  | nm/dd/y | ууу)                                     |          | Expiration  | n Date <i>(if an</i> | y)(mm/dd/yyyy)                                   |
| Document Title   |          |               |               |         |  |          |             |                      |  |
| Issuing Authority  |          | Additional I  | nformatio     | n       |  |          |             |                      | Code - Sections 2 & 3<br>Not Write In This Space |
| 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 Represe  | ntative  | T             | oday's Dat    | e (mm/c | dd/yyyy)                                 | Title o  | of Employe  | r or Authoriz        | zed Representative                               |
| Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative   |          |               |               | ative   | Employer's Business or Organization Name |          |             |                      |  |
| Employer's Business or Organization Address  | (Street  | Number and    | Name)         | City or | Town                                     |          |             | State                | ZIP Code   |
| Section 3. Reverification and Reh  | ires (T  | o be compl    | leted and     | signed  | by emplo                                 | yer or   | authorize   | ed represei          | ntative.)  |
| A. New Name (if applicable)  |          |               |               |         |  | E        | 3. Date of  | Rehire <i>(if ap</i> | pplicable)                                       |
| Last Name (Family Name)  | irst Nam | ne (Given Na  | me)           |         | Middle Initia                            | al       | Date (mm/   | (dd/yyyy)            |  |
| <b>C.</b> If the employee's previous grant of employr continuing employment authorization in the sp  |          |               | s expired,    | provide | the informa                              | ation fo | r the docu  | ment or rece         | eipt that establishes                            |
| Document Title   |          |               | Docume        | nt Numb | per                                      |          |             | Expiration D         | ate (if any) (mm/dd/yyyy)                        |
| I attest, under penalty of perjury, that to the employee presented document(s), the  |          |               |               |         |  |          |             |                      |  |
| Signature of Employer or Authorized Represe  | ntative  | Today's D     | ate (mm/d     | d/yyyy) | Name                                     | of Emp   | oloyer or A | uthorized R          | 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  | LIST B  Documents that Establish Identity  OR  At |  | ۱D       | 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         |   | <ol> <li>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</li> <li>ID card issued by federal, state or local government agencies or entities,</li> </ol> | 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.       |  |
| 5. | For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and  | -   | <ol> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> </ol>  | 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   |
|    | <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></ul>  |   | Military dependent's ID card     U.S. Coast Guard Merchant Mariner     Card  | 4.<br>5. |  |
|    | (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   |          | Identification Card for Use of<br>Resident Citizen in the United<br>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:  |          | 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 |   | <ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>  |          |  |

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.