**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.)

Last Name (Family Name) Firs			me <i>(Giv</i>	en Name)	)	Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)			Apt. Ni	umber	City or Town			State	ZIP Code	
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Secu	urity Num	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	уууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	structions	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	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	ompleting	g Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	comple	etion of Sect	tion 1 of thi	s 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 (0	e (Given Name)				
Address (Street Number and Name)	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.") Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status **Employee Info from Section 1** OR List A List B AND List C . . .. الما م بم 414

Identity and Employment Authorization	Identity	Employment Authorization
Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )	Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )	Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )
Document Title		
Issuing Authority	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number		
Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )		
Document Title		
Issuing Authority		
Document Number		
Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )		

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	Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number and			id 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)							B. Date of Rehire (if applicable)			
Last Name (Family Name) First Name (Given Name			lame)	me) Middle Initial I			Date (mm/dd/yyyy)			
<b>C.</b> 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			Docume	Document Number			Expiration Date ( <i>if any</i> ) ( <i>mm/dd/yyyy</i> )			
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 Da			Date (mm/c	ate (mm/dd/yyyy) Name of Er			f 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	DR	LIST B Documents that Establish Identity AM	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-		<ul> <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</li> </ul>	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> </ul>
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	2.	<ul> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li>Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ul>
5.	<ul> <li>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</li> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ul> <li>(1) The same name as the passport; and</li> <li>(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</li> </ul> </li> </ul>		<ul> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> </ul>	4. 5. 6.	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 bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United
6.	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 nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	-	<ul> <li>unable to present a document listed above:</li> <li>0. School record or report card</li> <li>1. Clinic, doctor, or hospital record</li> <li>2. Day-care or nursery school record</li> </ul>	8.	States (Form I-179) 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.