

Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

► 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	on and Attestation	(Employees mu		d sign Si	ection 1	of Form I-9 no later	
than the first day of employment, but i	not before accepting a jo	b offer.)					
Last Name (Family Name)	First Name (Given Nam	ne)	Middle Initial	other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City or Town	<u> </u>		State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social S	Security Number Emplo	oyee's E-mail Addr	l Address		Employee's Telephone Number		
I am aware that federal law provides to connection with the completion of the	for imprisonment and/cis form.	or fines for false	statements	or use of	false d	ocuments in	
I attest, under penalty of perjury, that		following boxe	es):				
1. A citizen of the United States			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2. A noncitizen national of the United Sta	tes (See instructions)	,	TTTTTTAM	7			
3. A lawful permanent resident (Alien F	Registration Number/USCIS	Number):					
4. An alien authorized to work until (exposure aliens may write "N/A" in the exposure aliens may write "N/A" in the exposure at the exposure a				_			
Aliens authorized to work must provide only An Alien Registration Number/USCIS Numb	one of the following docum	ent numbers to co	mplete Form I-9 eign Passport Nu	: ımber.		R Code - Section 1 lot Write in This Space	
Alien Registration Number/USCIS Numb OR			-	i			
2. Form I-94 Admission Number:							
OR OR							
Foreign Passport Number: Country of Issuance:							
Country of Issuance:							
Signature of Employee Today's Date (mm				e (mm/dd/	1/dd/yyyy)		
Preparer and/or Translator Cer	tification (check on	ie):					
ldld not use a preparer or translator. (Fields below must be completed and significant completed)	A preparer(s) and/or trar	nslator(s) assisted	the employee in essist an emplo	completin	g Section	1. a Section 1)	
l attest, under penalty of perjury, that knowledge the information is true and	I have assisted in the c	ompletion of Se	ection 1 of thi	s form a	nd that	to the best of my	
Signature of Preparer or Translator				Today's D	ate (mm/	dd/yyyy)	
Last Name (Family Name)		First Name	(Given Name)				
Address (Street Number and Name)	-	City or Town			State	ZIP Code	
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Employer Completes Next Page