

# **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 Information than the first day of employment, but not			must complete an	d sign Section 1	of Form I-9 no late	
Last Name (Family Name)	First Name (Given Nar	me)	Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Tow	n	State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Sect	urity Number Emp	loyee's E-mail A	Employee	Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this fo		or fines for fa	llse statements o	or use of false d	ocuments in	
l attest, under penalty of perjury, that I a	m (check one of the	e following be	oxes):			
1. A citizen of the United States						
2. A noncitizen national of the United States	(See instructions)					
3. A lawful permanent resident (Alien Reg	istration Number/USCI	S Number):				
4. An alien authorized to work until (expira Some aliens may write "N/A" in the expira						
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number					QR Code - Section 1 Do 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:						
Signature of Employee				Today's Date (mm/dd/yyyy)		
Preparer and/or Translator Certif  I did not use a preparer or translator.  (Fields below must be completed and signed attest, under penalty of perjury, that I h	A preparer(s) and/or treed when preparers a ave assisted in the	anslator(s) assis	ors assist an empl	loyee in completi	ng Section 1.)	
knowledge the information is true and co	orrect.			r= =		
Signature of Preparer or Translator				Today's Date (mn	п/аа/уууу)	
Last Name (Family Name)		First I	Name (Given Name)	)		
		City or Town		State	ZIP Code	





### **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

#### 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.") First Name (Given Name) M.I. Citizenship/Immigration Status Last Name (Family Name) Employee Info from Section 1 List A OR List B AND List C **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 (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Document Title QR Code - Sections 2 & 3 Additional Information Issuing Authority Do 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 Representative Today's Date(mm/dd/yyyy) Title of Employer or Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name State ZIP Code City or Town Employer's Business or Organization Address (Street Number and Name) 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) Middle Initial Date (mm/dd/yyyy) 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** 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 Date (mm/dd/yyyy) Name 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	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-		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		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
4.	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.	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		<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>		
6. F	b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (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 nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	8. 9.	7. U.S. Coast Guard Merchant Mariner Card		certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
			Native American tribal document     Driver's license issued by a Canadian government authority	6.	Native American tribal document  U.S. Citizen ID Card (Form I-197)  Identification Card for Use of
			For persons under age 18 who are unable to present a document listed above:		Resident Citizen in the United States (Form I-179)  Employment authorization
			<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>		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.