

## **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 I than the first day of employ			,	, ,	st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)		First Name (Giv	ven Name	)	Middle Initial	Other L	er Last Names Used (if any)			
Address (Street Number and Name)			lumber	er City or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy)	e of Birth (mm/dd/yyyy)  U.S. Social Security Num			Employee's E-mail Address			Employee's Telephone Number			
I am aware that federal law connection with the comp	etion of this f	orm.				or use of	false do	cuments in		
l attest, under penalty of p	erjury, that I a	ım (check one	of the f	ollowing boxe	es):					
1. A citizen of the United St	ates									
2. A noncitizen national of t	he United States	s (See instruction	ns)							
3. A lawful permanent resid	ent (Alien Reg	gistration Numbe	r/USCIS I	Number):						
4. An alien authorized to we Some aliens may write "l				_		_				
Aliens authorized to work mus An Alien Registration Number							Do	QR Code - Section 1 Not Write In This Space		
Alien Registration Number/     OR	USCIS Number:				_					
2. Form I-94 Admission Numb	er:				_					
3. Foreign Passport Number:					_					
Country of Issuance:					_					
Signature of Employee						Today's Date (mm/dd/yyyy)				
Preparer and/or Trans I did not use a preparer or tr (Fields below must be comp I attest, under penalty of p	anslator.  leted and sign	A preparer(s) and A prepared when prepared	nd/or trans rers and	slator(s) assisted or translators	•	oyee in c	ompleting	g Section 1.)		
knowledge the information	is true and c									
Signature of Preparer or Transl	ator					Today's [	Date (mm/d	dd/yyyy)		
Last Name (Family Name)				First Name	e (Given Name)					
Address (Street Number and N	ame)		С	ity or Town			State	ZIP Code		

Employer Completes Next Page

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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.")

First Name (Given Name)

Employee Info from Section 1	Last Name (/	-arrilly Name)		FIISLINAIII	e (Giveri i	varrie)		I. Citize	nsnip/immigration Status	
List A Identity and Employment Auth		OR	List Ident			ANI	D	Emple	List C oyment Authorization	
Document Title		Document T	itle				Document	Title		
Issuing Authority		Issuing Auth	nority				Issuing Au	thority		
Document Number	Document N	Document Number				Document Number				
Expiration Date (if any)(mm/dd/yyyy	')	Expiration D	ate (if any)(n	nm/dd/yyyy	<i>'</i> )		Expiration	Date (if an	y)(mm/dd/yyyy)	
Document Title										
Issuing Authority		Additiona	I Informatio	n					Code - Sections 2 & 3 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 per (2) the above-listed document(s employee is authorized to work The employee's first day of er	) appear to in the Unite	be genuine ar ed States.	nd to relate		ployee n	amed		to the bes	t of my knowledge the	
Signature of Employer or Authorized	d Representa	ative	Today's Dat	e (mm/dd/	/ууу) -	Tit <b>l</b> e of	f Employer	or Authoriz	red Representative	
Last Name of Employer or Authorized R	First Name of	First Name of Employer or Authorized Representative			tive	Employer's Business or Organization Name				
Employer's Business or Organizatio	n Address (S	treet Number a	nd Name)	City or To	wn			State	ZIP Code	
Section 3. Reverification a	ınd Rehire	es (To be com	pleted and	signed by	employ	er or a	authorized	d represer	ntative.)	
A. New Name (if applicable)						В	. Date of R	tehire <i>(if ap</i>	plicable)	
Last Name (Family Name)	First	t Name <i>(Given I</i>	Vame)	Mid	ddle Initial		Date (mm/d	d/yyyy)		
C. If the employee's previous grant continuing employment authorization				provide the	e informat	ion for	the docum	nent or rece	eipt that establishes	
Document Title			Docume	nt Number			E	Expiration D	ate (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury the employee presented docum		-			-					
Signature of Employer or Authorized			Date (mm/d						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	OR	LIST B  Documents that Establish  Identity  AN	ID	LIST C Documents that Establish Employment Authorization
3.	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  Employment Authorization Document that contains a photograph (Form I-766)	2. 3. 4. 5. 6. 7. t; 8. 9. 10. 11. 12.	<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, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>School ID card with a photograph</li> </ol>	2.	by the Department of State (Forms DS-1350, FS-545, FS-240)
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:  (1) The same name as the passport; and  (2) An endorsement of the alien's		Voter's registration card    U.S. Military card or draft record	<b>4</b> . <b>5</b> .	U.S. Citizen ID Card (Form I-197)  Identification Card for Use of
6.	nonimmigrant status as long a that period of endorsement ha not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the for Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating		9. Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:  10. School record or report card  11. Clinic, doctor, or hospital record	7.	Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the Department of Homeland Security
Compact of Free	nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		2. Day-care or nursery school record		

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.

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