



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

SAMPLE

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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)		Middle Initial (if any)		Other Last Names Used (if any)	
Address (Street Number)		City or Town		State	ZIP Code
Date of Birth (mm/dd/yy)		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal provides for imprisonment fines for false state use of false documentation connection with this form. I attest, under penalty of perjury, that this including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		<input type="checkbox"/> United States <input type="checkbox"/> Naturalized citizen of the United States (See Instructions.) <input type="checkbox"/> Permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> Temporary lawful permanent resident (more than Item Numbers 2. and 3. above) authorized to work in the United States			
		If you check Item Number 4., enter one of these: <input type="checkbox"/> USCIS A-Number OR <input type="checkbox"/> Form I-94 Admission Number OR <input type="checkbox"/> Foreign Passport Number			
		Signature of Employee _____ Today's Date (mm/dd/yyyy) _____			
		If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer's Attestation.			

Worker completes Section 1

OR birth certificate info

Section 2. Employer Review and Verification: Employers or their authorized representative must complete this section within 8 business days after the employee's first day of employment, and must physically examine, or examine consist of, the above-listed documentation authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C.

Document Title	List A	OR	List B	AND	List C
Document Title 1			Driver's License		Soc. Sec. Card
Issuing Authority			Kansas		USA
Document Number (if any)			K01-23-4567		123-45-6789
Expiration Date (if any)			12-12-2027		n/a
Document Title 2 (if any)			Additional Information		
Issuing Authority			<p>OR Passport info only</p> <p>Worker's info here</p> <p>employer's info below</p> <p>See next page for other document options.</p>		
Document Number (if any)			<input type="checkbox"/> Check here if you used an alternative procedure		
Expiration Date (if any)					

Employer completes section 2

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-listed employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative Doe, Jane guardian		Signature of Employer or Authorized Representative Jane Doe		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name John Doe, Jr.		Employer's Business or Organization Address, City or Town, State, ZIP Code 123 main st., Topeka, KS 66614		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.