

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				st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Na	me)		Middle Initial Other		er Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City o	or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Employee's E-mail Address					Employee'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/USCIS Number):									
4. An alien authorized to work until (expira		-	_		_				
Some aliens may write "N/A" in the expiration date field. (See instructions)									
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number						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 Dat	e (mm/dd	/уууу)			
Preparer and/or Translator Certif	ication (check o	ne):							
I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.									
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)									
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.									
Signature of Preparer or Translator					Today's [Date (mm/	dd/yyyy)		
Last Name (Family Name)			First Nam	e (Given Name)					
Address (Street Number and Name)		City or 7	Γown				ZIP Code		
		1					-		

STOP

Employer Completes Next Page

STOP



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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 docur of Acceptable Documents.")										rom List C as listed on the "Lists
Employee Info from Section 1 Last Name (Family Na				me) First Name (Given Name			Name) 1	/l.l.	Citizenship/Immigration Status
List A Identity and Employment Autl	horizatio	OR 1			st B entity		AN	D	'	List C Employment Authorization
Document Title			Document T	itle				Documer	nt Title	
Issuing Authority			Issuing Auth	ority				Issuing A	uthorit	у
Document Number			Document N	lumber				Documer	nt Num	ber
Expiration Date (if any)(mm/dd/yyy	ry)		Expiration D	ate (if any	r)(mm/dd/y	ууу)		Expiratio	n Date	(if any)(mm/dd/yyyy)
Document Title										
Issuing Authority			Additiona	Informat	tion					QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Certification: I attest, under per (2) the above-listed document(semployee is authorized to work	s) appea	r to be	genuine ar							
The employee's first day of e				<i>')</i> :		(S	See ins	struction	s for	exemptions)
Signature of Employer or Authorize	ed Repres	entative		Today's [Date(mm/o	ld/yyyy)	Title o	f Employe	er or Au	uthorized Representative
Last Name of Employer or Authorized	Representa	ative F	First Name of	Employer	or Authorize	d Represent	ative	Employe	r's Bus	siness or Organization Name
Employer's Business or Organization	on Addres	ss (Stree	t Number a	nd Name)	City or	Town			Stat	ZIP Code
Section 3. Reverification	and Re	hires (To be com	pleted ar	nd sianea	bv emplo	ver or	authorize	ed rep	resentative.)
A. New Name (if applicable)		,		<u>, </u>						(if applicable)
Last Name (Family Name)		First Na	me (Given I	Vame)		Middle Initia	al [Date (mm,	/dd/yyy	y)
C. If the employee's previous grant continuing employment authorization					ed, provide	the informa	ation fo	r the docu	ment o	or receipt that establishes
Document Title					ment Numl	per			Expira	tion Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjur the employee presented docun										
Signature of Employer or Authorize					n/dd/yyyy)					zed 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 AN	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		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	1.	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	
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		2. 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,		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card		by the Department of State (Form FS-545) Certification of Report of Birth issued by the Department of State	
	 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; 		U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	(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	
	(1) The same hame 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.		8. Native American tribal document9. Driver's license issued by a Canadian		Native American tribal document U.S. Citizen ID Card (Form I-197)	
			For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)	
6.	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		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record	8.	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.

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