

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 than the first day of employment, but not				-	st complete and	d sign S	ection 1 c	of Form I-9 no later	
Last Name (Family Name)	t Name (Family Name) First Name (Give				Middle Initial	Other I	Last Names Used (if any)		
Address (Street Number and Name)	1	Apt. Number	City	or Town		ZIP Code			
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Nun	nber Emplo	yee's E	E-mail Addr	ress	E	mployee's	Telephone Number	
I am aware that federal law provides for connection with the completion of this		onment and/o	r fine	s for false	e statements o	or use o	f false do	ocuments in	
I attest, under penalty of perjury, that I a	am (che	ck one of the	follov	wing boxe	es):				
1. A citizen of the United States									
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Reg	gistration	Number/USCIS	Numb	er):					
4. An alien authorized to work until (expiration) 4. Some aliens may write "N/A" in the expiration				-					
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number								R Code - Section 1 lot 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	e (mm/da	//уууу)		
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and sign I attest, under penalty of perjury, that I h knowledge the information is true and c	A prepa ed when nave ass	rer(s) and/or tra	nslator(d/or tra	anslators a	<u> </u>	oyee in d	completin	g Section 1.)	
Signature of Preparer or Translator						Today's I	Date (mm/	dd/yyyy)	
Last Name (Family Name)				First Name	e (Given Name)				
Address (Street Number and Name)			City or	Town			State	ZIP Code	
	STOP	Employer Co	mpleto	es Next Pa	age SINP		•		

Form I-9 10/21/2019 Pagkago for



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

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.") Last Name (Family Name) Citizenship/Immigration Status **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 Employer's Business or Organization Address (Street Number and Name) City or Town



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB
Expir

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

Employee Name from Section 1:	Last Name (Family Name) First				First N	ame (Giver	Middle Initial		
Section 3. Reverification and Re	hires (To be	e comple	ted and signed	d by emp	oloyer c	or authoriz	ed representative.)		
A. New Name (if applicable)						B. Date of	Rehire (if applicable)		
Last Name (Family Name)	First Name (G	Given Nam	ne)	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 Da			ate (mm/dd/yyyy) Na		Name of Employer or A		Authorized Representa	tive	

Form I-9 10/21/2019 Pageago for

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			LIST B		LIST C		
	Documents that Establish Both Identity and			Documents that Establish Identity	Documents that Establis Employment Authorization			
	Employment Authorization	OR		AN	ND			
-	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT		
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2.	name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities,		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
4.	Employment Authorization Document that contains a photograph (Form I-766)			provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	Certification of report of birth issued 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		4. 5.	School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
	b. Form I-94 or Form I-94A that has the following:			Military dependent's ID card U.S. Coast Guard Merchant Mariner	4.	Native American tribal document		
	(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		9.	Card Native American tribal document Driver's license issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.			or persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security		
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		11.	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 4 of 4