

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	nd sign Se	ection 1 d	of Form I-9 no later		
Last Name (Family Name)	First Name (Given Nar	Middle Initial	Other Last Names Used (if any)						
Address (Street Number and Name)	Apt. Number	City	or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Empl	oyee's I	E-mail Addr	ess	E	Employee's Telephone Number			
am aware that federal law provides for connection with the completion of this f	orm.				or use of	false do	ocuments in		
l attest, under penalty of perjury, that I a	im (check one of the	tollov	ving boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the United States	s (See instructions)								
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S Numb	oer):						
4. An alien authorized to work until (expira	ation date, if applicable,	mm/dd/	/yyyy): 						
Some aliens may write "N/A" in the expira	ation date field. (See ins	struction	ns)				QR Code - Section 1		
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number						De	o Not Write In This Space		
1. 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					y's Date (mm/dd/yyyy)				
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tra	anslator				_			
attest, under penalty of perjury, that I he knowledge the information is true and c		compl	etion of S	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator					Today's Date (mm/dd/yyyy)				
ast Name (Family Name) First Name				e (Given Name)					
			I .						

Employer Completes Next Page



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M.I. 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											
List A Identity and Employment Authorization	OR 1	List Iden			AND)	Empl	List C oyment Authorization			
Document Title	Document	Title			I	Document	Title				
Issuing Authority	Issuing Au	Issuing Authority					Issuing Authority				
Document Number	Document	Document Number					Document Number				
Expiration Date (if any)(mm/dd/yyyy)	Expiration	Date (if any)(i	mm/dd/yyy	/)		Expiration	Date (if an	y)(mm/dd/yyyy)			
Document Title											
Issuing Authority	Addition	al 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 penalty of (2) the above-listed document(s) appea employee is authorized to work in the L The employee's first day of employm	r to be genuine a Inited States.	and to relate		ployee	named	, and (3)		t of my knowledge the			
Signature of Employer or Authorized Repres	entative	Today's Da	te (mm/dd/	уууу)	Title of	Employer	or Authoriz	zed Representative			
Last Name of Employer or Authorized Representa	me of Employer or Authorized Representative First Name of Employer or Authorized Representative					Employer's Business or Organization Name					
Employer's Business or Organization Address	ss (Street Number	and Name)	City or To	wn			State	ZIP Code			
Section 3. Reverification and Re	hires (To be co	mpleted and	signed by	/ emplo	yer or a	authorize	d represei	ntative.)			
A. New Name (if applicable)					B.	. Date of F	Rehire (if ap	pplicable)			
Last Name (Family Name)	First Name (Given	Name)	Mi	ddle Initia	al D	ate (mm/c	dd/yyyy)				
C. If the employee's previous grant of employ continuing employment authorization in the s			provide the	e informa	ation for	the docun	nent or rece	eipt that establishes			
Document Title		Docume	ent Number			E	Expiration D	ate (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that to the employee presented document(s), t											
Signature of Employer or Authorized Repres	entative Today	's Date <i>(mm/c</i>	dd/yyyy)	Name	of Empl	oyer or Au	ıthorized R	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 Al	ND	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		 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 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 		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 DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms
5.	I-766) 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;		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4.	DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	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 document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179) 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		 School record or report card Clinic, doctor, or hospital record 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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