

## **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 Name)			Middle Initial	Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Numb	er Cit	y or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	U.S. Social Security Number Employee's E-mail Address						Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this	form.				or use of	false do	cuments in		
I attest, under penalty of perjury, that I a	am (cneck one of t	tne tollo	wing boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the United State	s (See instructions)								
3. A lawful permanent resident (Alien Registration Number/USCIS Number):									
4. An alien authorized to work until (expir	ation date, if applicab	le, mm/do	d/yyyy):						
Some aliens may write "N/A" in the expiration date field. (See instructions)									
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.									
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 Date (mm.						/dd/yyyy)			
Preparer and/or Translator Certiful I did not use a preparer or translator.  (Fields below must be completed and sign	A preparer(s) and/or pred when preparers	r translato and/or t	ranslators	assist an empl	oyee in c	ompleting	g Section 1.)		
I attest, under penalty of perjury, that I is knowledge the information is true and of		ne comp	letion of S	ection 1 of th	is form a	and that t	to the best of my		
Signature of Preparer or Translator  Today's Date (mm/dd/yyyy)							dd/yyyy)		
Last Name (Family Name) First Name (Given Name)									
Address (Street Number and Name)		City o	or Town			State	ZIP Code		
						1	1		

STOP

Employer Completes Next Page

STOP



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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	(Family	/ ivame)		First Nam	e (Given i	vame)	)   IVI	.i. Citiz	zensnip/immigration Status	
List A Identity and Employment Auth	orization	OR		List Iden			AN	D	Em	List C ployment Authorization	
Document Title		De	ocument T	itle				Document	t Title		
Issuing Authority		Is	suing Auth	nority				Issuing Au	uthority		
Document Number		De	ocument N	lumber				Documen	t Number		
Expiration Date (if any)(mm/dd/yyyy	/)	E	xpiration D	ate (if any)(r	nm/dd/yyyy	)		Expiration	Date (if a	any)(mm/dd/yyyy)	
Document Title											
Issuing Authority			Additiona	l Informatio	n					R Code - Sections 2 & 3 o 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(semployee is authorized to work The employee's first day of en	s) appear t in the Uni mployme	o be go ted Sta nt <i>(mm</i>	enuine ar ates.	nd to relate	to the em	ployee n	ee ins	d, and (3)	to the be	est of my knowledge the emptions)	
Signature of Employer or Authorize	d Represen	tative		Today's Da	e (mm/dd/)	'УУУ)	Title of	f Employei	or Autho	rized Representative	
Last Name of Employer or Authorized Representative First Name of Employer					Authorized Representative Employe			Employer	er's Business or Organization Name		
Employer's Business or Organization	n Address	(Street	Number a	nd Name)	City or To	wn			State	ZIP Code	
Section 3. Reverification a	and Rehi	res (T	o be com	pleted and	signed by	employ	er or a	authorize	d repres	entative.)	
A. New Name (if applicable)							В	. Date of F	Rehire (if a	applicable)	
Last Name (Family Name)	Fii	st Nam	e (Given I	Vame)	Mic	ldle Initial		Date (mm/d	dd/yyyy)		
C. If the employee's previous grant continuing employment authorization					provide the	informat	ion for	the docur	nent or re	ceipt that establishes	
Document Title					nt Number				Expiration	Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury											
Signature of Employer or Authorized				Date (mm/c						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	Docu	LIST B ments that Establish Identity	ID	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		<ol> <li>Driver's license or ID card issued b State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height</li> </ol>		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	2. ID card i governm provided	ssued by federal, state or local nent agencies or entities, lit contains a photograph or ion such as name, date of birth,	2.	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued
	that contains a photograph (Form I-766)  For a nonimmigrant alien authorized		gender,  School I	height, eye color, and address  D card with a photograph		by the Department of State (Forms DS-1350, FS-545, FS-240)  Original or certified copy of birth
	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		5. U.S. Mili	egistration card tary card or draft record dependent's ID card		certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	the following:  (1) The same name as the passport; and		Card	ast Guard Merchant Mariner	5.	U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Driver's license issued by a Canadian government authority			Identification Card for Use of Resident Citizen in the United States (Form I-179)
_	proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:			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		1. Clinic,	record or report card doctor, or hospital record re 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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