

Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. Read Instructions carefully before completing this form. The Instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Informati than the first day of employment, but			and sign Sec	ition 1 c	of Form I-9 no later
Last Name (<i>Family Name</i>)	First Name (Given Name	e) Middle Initial	Other Names	Used (ii	f any)
Address (Street Number and Name)	Apt. Number	City or Town	Sta	ate	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number	SS		Telepi	none Number
am aware that federal law provides formection with the completion of thi		fines for false statements	or use of fa	ilse do	cuments in
attest, under penalty of perjury, that A citizen of the United States	I am (check one of the fo	ollowing):			
A noncitizen national of the United S	States (See instructions)				
A lawful permanent resident (Alien F	Registration Number/USCI	S Number):			
An alien authorized to work until (expirat	tion date, if applicable, mm/do		Some aliens	may wri	te "N/A" in this field.
For aliens authorized to work, provid	de your Alien Registration i	Number/USCIS Number OF	R Form I-94	Admiss	ion Number:
Alien Registration Number/USCIS OR	S Number:	·····		Do N	3-D Barcode
2. Form I-94 Admission Number:				DOM	ot Write in This Space
If you obtained your admission nu States, include the following:	umber from CBP in connec	tion with your arrival in the	United		
Foreign Passport Number:					
Country of Issuance:					
Some aliens may write "N/A" on the			ields. (See	instruc	etions)
Signature of Employee:	p;		Date (mm/d	'd/yyyy):	
Preparer and/or Translator Certifi employee.)	ication (To be completed	and signed if Section 1 is p	repared by a	persoi	n olher than the
attest, under penalty of perjury, that nformation is true and correct.	I have assisted in the co	mpletion of this form and	that to the	best of	f my knowledge the
Signature of Preparer or Translator:				Date (mm/dd/yyyy):
ast Name <i>(Family Name)</i>	***************************************	First Name (Give	n Name)	1-	
Address (Street Number and Name)					

Employer Completes Next Page

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: List C AND OR List B List A **Employment Authorization** Identity and Employment Authorization Identity 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: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space 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. (See instructions for exemptions.) The employee's first day of employment (mm/dd/yyyy): Title of Employer or Authorized Representative Date (mm/dd/yyyy) Signature of Employer or Authorized Representative First Name (Given Name) Employer's Business or Organization Name Last Name (Family Name) Zip Code Employer's Business or Organization Address (Street Number and Name) City or Town State Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Expiration Date (if any)(mm/dd/yyyy): Document Number: Document Title: 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. Date (mm/dd/yyyy): Print Name of Employer or Authorized Representative: Signature of Employer or Authorized 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)R	LIST B Documents that Establish Identity	1D	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 temporary I-551 stamp or temporary I-551 printed notation on a machine-		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	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 INS AUTHORIZATION
4.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)	3	government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	 5. 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; 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. 	-	. Voter's registration card	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
		6		4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		8	. Native American tribal document	5.	
		Fo. 10. 11. 12.	Driver's license issued by a Canadian government authority	6.	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		O. School record or report card O. Clinic, doctor, or hospital record Output Day-care or nursery school record	7	Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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