

## **Employment Eligibility Verification**

**Department of Homeland Security** 

**USCIS** Form I-9

OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

► 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 provide a second description of the second s

an individual because the documen Section 1. Employee Inforn	nation and	Attesta	tion (E	mployees mu					
han the <b>first day of employment</b> Last Name (Family Name)	acceptin lame (Give		III-1, 1947. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Middle Initial	Other Last Names Used (if any)				
Address (Street Number and Name)			mber	City or Town	wn		State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Security Num			Employe	ee's E-mail Add	iress	E	Employee's Telephone Number		
am aware that federal law provi		onment	and/or	fines for fals	e statements o	or use of	false do	cuments in	
l attest, under penalty of perjury,	that I am (ch	eck one o	of the fo	llowing box	es):			,	
1. A citizen of the United States				<b></b>					
2. A noncitizen national of the Unit	ed States (See i	nstructions	) 						
3. A lawful permanent resident (	Alien Registratio	n Number/	USCIS N	lumber):					
4. An alien authorized to work un									
Some aliens may write "N/A" in						_	<del>,                                     </del>	QR Code - Section 1	
Aliens authorized to work must provid An Alien Registration Number/USCIS	Number OR Fo	e following rm I-94 Adi	docume mission l	nt numbers to t Number OR Fo	reign Passport N	ar: umber.	Do	o Not Write In This Space	
Allen Registration Number/USCIS     OR	Number:	<u> </u>		<u> </u>	_ <del></del>		-		
2. Form 1-94 Admission Number: OR		<u></u>	<u></u> .		_ <del>-</del>	Ì			
3. Foreign Passport Number:					_ <del>_</del>	ļ			
Country of Issuance:		<u> </u>	<u></u>	_ <del></del>	<del></del>		<u> </u>		
Signature of Employee Today's						Date (mm/dd/yyyy)			
Preparer and/or Translator	r ☐ A pre	oarer(s) an	d/or trans	slator(s) assiste					
i attest, under penalty of perjury knowledge the information is tru			n the co	mpletion of	Section 1 of th	nis form	and that	to the best of my	
Signature of Preparer or Translator						Today's	Date (mm/	dd/yyyy)	
Last Name (Family Name)			-	First Na	me ( <i>Given Name</i>	)			

Stor : Employer Completes Next Page



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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 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) First Name (Given Name) Citizenshio/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/vyyy) Expiration Date (if any) (mm/dd/wyv) Expiration Date (if any)(mm/dd/yyyy) Document Title QR Code - Sections 2 & 3 Additional Information Issuing Authority Oo 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/do/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/vvvv) 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 Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code Section 3. Reverification and Rehires (To be completed and signed by employer or suthorized representative.) A. New Name (if applicable) **B**. Date of Rehire (if applicable) Last Name (Family Name) First Name (Given Name) 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)

l 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.

Today's Date (mm/dd/yyyy)

Signature of Employer or Authorized Representative

Name 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	OR	LIST B  Documents that Establish Identity  At	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	2.	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	2.	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 Birth Abroad issued
	that contains a photograph (Form I-766)		gender, height, eye color, and address		by the Department of State (Form FS-545)
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.	4. 5. 6. 7. 8. 9.	Voter's registration card		Certification of Report of Birth issued by the Department of State (Form DS-1350)
			Military dependent's ID card		Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
			Native American tribal document     Driver's license issued by a Canadian government authority		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:  D. School record or report card  Clinic, doctor, or hospital record  Day-care or nursery school record		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 Marshalf 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			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.