

### **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.

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ast Name (Family Name)	First Name (Give	n Name)	)	Middle Initial	Other L	ast Name	es Used (if any)
Address (Street Number and Name)	Apt. Nur	mber	City or Town	<u></u>	1	State	ZIP Code
Date of Birth (mm/dd/yyyy)  U.S. Socia	I Security Number	Employe	ı ee's E-mail Addı	ress	E	mployee's	s Telephone Number
am aware that federal law provide connection with the completion of attest, under penalty of perjury, th	this form.				or use of	false d	ocuments in
1. A citizen of the United States							
2. A noncitizen national of the United S	States (See instructions,	)					
3. A lawful permanent resident (Alie	n Registration Number/	USCIS N	Number):				
4. An alien authorized to work until (	expiration date, if applic	able, mr	m/dd/yyyy):				
Some aliens may write "N/A" in the	expiration date field. (S	ee instru	ıctions)				QR Code - Section 1
1. Alien Registration Number/USCIS NumOR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number:	mber:						
Country of Issuance:							
Signature of Employee				Today's Dat	e (mm/dd/	<i>'</i> yyyy)	
Preparer and/or Translator C  I did not use a preparer or translator.  (Fields below must be completed and	A preparer(s) and signed when prepare	l/or trans ers and/	slator(s) assisted for translators	assist an empl	oyee in c	ompletin	g Section 1.)
attest, under penalty of perjury, the consult of the information is true a		tne co	mpletion of S	section 1 of th	is form a	ina that	to the best of my
Signature of Preparer or Translator					Today's [	Date (mm/	/dd/yyyy)
			1				
Last Name (Family Name)			First Nam	e (Given Name)			



Employer Completes Next Page





## **Employment Eligibility Verification Department of Homeland Security**

**USCIS** 

U.S. Citizenship and Immigration Services

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

Section 2. Employer or (Employers or their authorized rep. must physically examine one docu of Acceptable Documents.")	resentative n	iust co	mplete and	sign Section	n 2 within 3	business	days o	of the emp	loyee's fir nent from	st day of employment, You List C as listed on the "Lists	
Employee Info from Section 1 Last Name (Family Name,				e) First Name (Given Nam			Vame)	M	I. Citize	enship/Immigration Status	
List A		OR		List			AND	<u> </u>		List C	
Identity and Employment Aut	norization			Ident	tity			Daarmaant	<u>·</u>	oloyment Authorization	
Document Title			ocument Tit	le			ı	Document	Tille		
Issuing Authority		Is	ssuing Autho	rity				Issuing Au	ithority		
Document Number		╗	ocument Nu	imber				Document	Number		
Expiration Date (if any) (mm/dd/yy	ryy)	T) E	xpiration Da	te (if any) (	mm/dd/yyy	y)		Expiration	Date (if a	ny) (mm/dd/yyyy)	
Document Title											
Issuing Authority	**		Additional	Informatio	n					R Code - Sections 2 & 3 Not Write In This Space	
Document Number											
Expiration Date (if any) (mm/dd/yy	ryy)	1.0									
Document Title											
Issuing Authority	**										
Document Number											
Expiration Date (if any) (mm/dd/yy	ryy)										
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	(s) appear t k in the Uni	o be g ited St	jenuine and lates.	d to relate		ployee n	amed	, and (3)	to the be		
		· ·									
Signature of Employer or Authoriz	ea Kepresen	tative		Foday's Dat	e (mm/aa/)	(YYYY)	itte of	⊨mpioyer	or Author	ized Representative	
Last Name of Employer or Authorized	Representativ	re Fi	irst Name of E	Employer or A	Authorized R	epresentat	tive	Employer	s Busines	s or Organization Name	
Employer's Business or Organizat	ion Address	(Street	Number and	d Name)	City or To	wn			State	ZIP Code	
Section 3. Reverification	and Rehi	res (7	To be comp	oleted and	signed by	employ	erora	uthorize	d represe	entative.)	
A. New Name (if applicable)					B. Date o				f Rehire (if applicable)		
Last Name (Family Name)	Fi	rst Nan	ne (Given N	ame)	Middle Initial			Date (mm/dd/yyyy)			
C. If the employee's previous gran continuing employment authorizati					provide the	e informat	ion for	the docun	nent or re	ceipt that establishes	
Document Title				Document Number					Expiration Date (if any) (mm/dd/yyyy)		
l attest, under penalty of perju the employee presented docu	ment(s), the	docu	ıment(s) i h	ave exam	ined appe	ar to be	genui	ne and to	relate to	o the individual.	
Signature of Employer or Authoriz	ed Represen	itative	Today's	Date (mm/o	ld/yyyy) 	Name o	f Empl	oyer or Au	ithorized f	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  AN	1D	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		<ol> <li>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</li> <li>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</li> </ol>	2.	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;		<ol> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	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  Native American tribal document  U.S. Citizen ID Card (Form I-197)
	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.	- L	3. Native American tribal document 3. 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	1	10. School record or report card  11. Clinic, doctor, or hospital record  12. 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.