

Employment Eligibility Verification Department of Homeland Security

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.

n individual because the documentation p Section 1. Employee Information than the first day of employment, but not	and Attestati	on (Emplo	yees mus				
ast Name (Family Name)	First Name (Given			Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)	Apt. Numi	per City	or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Sectors -	urity Number E	ber Employee's E-mail Address			Employee's Telephone Number		
am aware that federal law provides for connection with the completion of this f	orm.				r use of	false do	cuments in
attest, under penalty of perjury, that I a	m (cneck one or	tne rollow	ing boxe				
1. A citizen of the United States 2. A noncitizen national of the United States	(See instructions)						
3. A lawful permanent resident (Alien Reg		SCIS Numbe	er):				
4. An alien authorized to work until (expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens may write "N/A" in the expiration of the same aliens which is the same aliens			_		- T		
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number	OR Form I-94 Admi	ocument nun ssion Numb	nbers to co er OR Fore	mplete Form I-9 eign Passport Nu	: ımber.	Do	QR Code - Section 1 Not Write In This Space
 Alien Registration Number/USCIS Number: OR 				_			
2. Form I-94 Admission Number: OR				_			
3. Foreign Passport Number:				_			
Country of Issuance:			<u>-</u>				
ignature of Employee				Today's Dat	e (mm/dd	/уууу)	<u> </u>
Preparer and/or Translator Certif 1 did not use a preparer or translator.	A preparer(s) and/o	r translator(
attest, under penalty of perjury, that I h nowledge the information is true and c		he comple	tion of S	ection 1 of th	is form a	and that	to the best of my
ignature of Preparer or Translator					Today's (Date (mm/	dd/yyyy)
ast Name (Family Name)			First Nam	e (Given Name)			-



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Employment Eligibility Verification

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U.S. Citizenship and Immigration Services

Form I-9

OMB No. 1615-0047

Expires 08/31/2019 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.") Citizenship/Immigration Status First Name (Given Name) M.I. Last Name (Family Name) Employee Info from Section 1 AND List C OR List B Ī ist A **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/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) **Document Title** QR Code - Section 2 Additional Information **Issuing Authority** Do 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 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/yyyy) Title of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name Last Name of Employer or Authorized Representative State ZIP Code Employer's Business or Organization Address (Street Number and Name) City or Town Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Last Name (Family Name) Middle Initial Date (mm/dd/yyyy) First Name (Given Name) 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. Expiration Date (if any) (mm/dd/yyyy) **Document Title Document Number** 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)

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	OR	LIST B Documents that Establish Identity AN	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- readable immigrant visa		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 D card issued by federal, state or local government agencies or entities,	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 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
4.	Employment Authorization Document that contains a photograph (Form I-766)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		Certification of Birth Abroad issued 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	5 6	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		Certification of Report of Birth issued by the Department of State (Form DS-1350) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
		L	Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document	6.	Native American tribal document U.S. Citizen ID Card (Form I-197) 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	1	listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		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.

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