

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 no				st complete an	d sign Se	ection 1 c	of Form I-9 no later		
Last Name (Family Name)					Other L	ner Last Names Used (if any)			
Address (Street Number and Name)	ss (Street Number and Name) Apt. Number City or Town						ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Se	Sirth (mm/dd/yyyy) 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	s form.				or use of	false do	cuments in		
I attest, under penalty of perjury, that I	am (check one of the	follow	ing boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the United Stat	es (See instructions)								
3. A lawful permanent resident (Alien R	egistration Number/USCI	S Numbe	er):						
4. An alien authorized to work until (exp			_		_				
Some aliens may write "N/A" in the exp	piration date field. (See ins	struction	s)				QR Code - Section 1		
Aliens authorized to work must provide only An Alien Registration Number/USCIS Numb 1. Alien Registration Number/USCIS Number	er OR Form I-94 Admissio					Do	Not Write In This Space		
OR				_					
2. Form I-94 Admission Number: OR				_					
3. Foreign Passport Number:				_					
Country of Issuance:				_					
Signature of Employee Today's Date (mm.						n/dd/yyyy)			
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tra	anslator(nd/or tra	anslators a	assist an empl	oyee in c	ompleting	g Section 1.)		
I attest, under penalty of perjury, that I knowledge the information is true and		comple	etion of S	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator					Today's [Date (mm/	dd/yyyy)		
Last Name (Family Name)			First Name	(Given Name)					
Address (Street Number and Name)		City or	Town			State	ZIP Code		
		1				1			

STOP

Employer Completes Next Page

STOP



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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.")

Employee Info from Section 1	Last Name (F	amily Name)		First Name (Given Name)		e)	M.I.	Citizer	nship/Immigration Status
List A	_)R	List		Al	ND			List C
Identity and Employment Auth	orization		Iden	tity			. =		yment Authorization
Document Title		Document T	itle			Docume	ent litle	;	
Issuing Authority		Issuing Auth	ority			Issuing	Authori	ity	
Document Number		Document N	lumber			Docum	ent Nun	nber	
Expiration Date (if any)(mm/dd/yyyy	у)	Expiration D	ate (if any)(r	mm/dd/yyy	<i>y)</i>	Expirati	on Date	e (if any	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additional	Informatio	n					Code - Sections 2 & 3 ot Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yyyy	у)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy	y)								
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 Authorize	a Representat	ive	Today's Dai	te (mm/aa/	yyyy) litle	of Employ	er or A	utnoriz	ed Representative
Last Name of Employer or Authorized Representative First Name of Employer or			Employer or A	Authorized F	Representative	entative Employer's Business or Organization Name			or Organization Name
Employer's Business or Organization	on Address (St	reet Number ar	nd Name)	City or To	own	,	Sta	ite	ZIP Code
Section 3. Reverification a	and Rehire	s (To be com	pleted and	sianed h	v emplover o	r authori:	zed rei	oresen	tative.)
A. New Name (if applicable)						B. Date of			
Last Name (Family Name)	First	Name (Given N	Name)	Mi	iddle Initial	dle Initial Date (mm		/dd/yyyy)	
C. If the employee's previous grant continuing employment authorizatio				provide th	e information f	or the doo	cument	or rece	ipt that establishes
			ent Number Expiration Date (if any) (mn					ate (if any) (mm/dd/yyyy)	
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.									
Signature of Employer or Authorize	d Representat	ive Today's	Date (mm/c	ld/yyyy)	Name of Em	nployer or	Authori	ized Re	epresentative

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	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		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	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. 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		INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner 	4.	territory of the United States bearing an official seal Native American tribal document
	(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		8. Native American tribal document 9. Driver's license issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)
	not yet expired and the 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:	7.	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		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care 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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