

## **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.

		ist complete an	d sign Se	ection 1 o	f Form I-9 no later		
First Name (Given Nam	ne)	Middle Initial	Other Last Names Used (if any)				
ss (Street Number and Name) Apt. Number City or Town				State	ZIP Code		
curity Number Employee's E-mail Address			E	Employee's Telephone Number			
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.							
am (check one of the	e following box	es):					
2. A noncitizen national of the United States (See instructions)							
3. A lawful permanent resident (Alien Registration Number/USCIS Number):							
			_				
Some aliens may write "N/A" in the expiration date field. (See instructions)  QR Code - Section 1							
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.							
:							
		_					
		_					
		Today's Dat	e ( <i>mm/dd</i> ,	/уууу)			
Preparer and/or Translator Certification (check one):  I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)							
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.							
			Today's [	Date (mm/d	dd/yyyy)		
	First Nam	ne (Given Name)					
	City or Town			State	ZIP Code		
	Apt. Number  Apt. Number  Curity Number  Employed in the service of the service of the following document of the service of th	First Name (Given Name)  Apt. Number City or Town  Curity Number Employee's E-mail Add  r imprisonment and/or fines for false form.  am (check one of the following box as (See instructions)  gistration Number/USCIS Number):  ation date, if applicable, mm/dd/yyyy):  ation date field. (See instructions)  the of the following document numbers to come of the following document number or OR Form I-94 Admission Number OR Form  A preparer(s) and/or translator(s) assisted and assisted in the completion of storrect.  First Name	First Name (Given Name)   Middle Initial     Apt. Number   City or Town	First Name (Given Name)  Apt. Number  City or Town  Curity Number  Employee's E-mail Address  Final Address  City or Town  Curity Number  Employee's E-mail Address  Employee's E-mail Address  Final Address  Final Address  Employee's E-mail Address  Employee's E-mail Address  Employee's E-mail Address  Final Address  Employee's E-mail Address	First Name (Given Name)  Apt. Number   City or Town   State    Apt. Number   City or Town   State    Burity Number   Employee's E-mail Address   Employee's    In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or fines for false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false statements or use of false do form.  In imprisonment and/or false st		

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



# **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

## 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 docume of Acceptable Documents.")	ent from List A	OR a combin	ation of one	document	from List B	and or	ne docum	ent from Li	st C as listed on the "Lists	
Employee Info from Section 1	ast Name <i>(Fai</i>	mily Name)		First Nam	e (Given N	lame)	M.	I. Citizen	ship/Immigration Status	
List A Identity and Employment Autho	OF	R	List Iden			AND	-	Emple	List C	
Document Title	onzation	Document T		шу		D	Employment Authorization  Document Title			
Issuing Authority	Issuing Auth	Issuing Authority				Issuing Authority				
Document Number							Document Number			
	Document Number									
Expiration Date (if any) (mm/dd/yyyy) Expiration			Date (if any) (mm/dd/yyyy) Exp			xpiration Date (if any) (mm/dd/yyyy)				
Document Title										
Issuing Authority	Issuing Authority Additional Information					QR Code - Sections 2 & 3 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 pen (2) the above-listed document(s) employee is authorized to work i	appear to be	genuine ar								
The employee's first day of em	nployment (r	nm/dd/yyyy	/):		(Se	e instr	ructions	for exem	ptions)	
Signature of Employer or Authorized Representative			Today's Da	Date (mm/dd/yyyy) Title of E			Employer or Authorized Representative			
Last Name of Employer or Authorized Re	epresentative	First Name of Employer or Authorized Representative			ve E	Employer's Business or Organization Name				
Employer's Business or Organization	Address ( <i>Stre</i>	eet Number a	nd Name)	City or To	wn			State	ZIP Code	
Section 3. Reverification a	nd Rehires	(To be com	pleted and	signed by	employe	er or au	uthorized	d represen	tative.)	
A. New Name (if applicable)						B. I	Date of R	olicable)		
Last Name (Family Name) First Name (Given		Vame)	Middle Initial Da			Date (mm/dd/yyyy)				
C. If the employee's previous grant of continuing employment authorization				provide the	e information	on for th	he docum	ent or rece	ipt that establishes	
Document Title			Docume	ocument Number			E	Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, the employee presented docume										
		e Today's	Date (mm/c	Re (mm/dd/yyyy) Name of Emp			nployer 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	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 temporary I-551 stamp or temporary		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 INS AUTHORIZATION
4.	I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		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, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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		<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> </ol>	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	the following: (1) The same name as the passport; and		<ul><li>7. U.S. Coast Guard Merchant Mariner Card</li><li>8. Native American tribal document</li></ul>	5.	Native American tribal document  U.S. Citizen ID Card (Form I-197)  Identification Card for Use of
	(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		Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document		Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the
6.	limitations identified on the form.  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 Clinic, doctor, or hospital record Day-care or nursery school record		Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3