

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 than the first day of emplo					must (complete an	d sign Se	ection 1 c	of Form I-9 no later
Last Name (Family Name)	First Name (Given Name)			M	liddle Initial	Other Last Names Used (if any)			
Address (Street Number and I	Apt. N	City or Tow	/ or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy)	curity Number	Employe	ee's E-mail <i>F</i>	Address	6	Er	Employee's Telephone Number		
l am aware that federal la connection with the comp l attest, under penalty of p	oletion of this f	form.					or use of	false do	cuments in
1. A citizen of the United S		an (check offe	, or the IC	Jiiowilig b		·			
2. A noncitizen national of	the United States	s (See instruction	ns)						
3. A lawful permanent resi	dent (Alien Re	gistration Numbe	er/USCIS N	Number):					
4. An alien authorized to v	vork until (expir	ation date, if app	olicable, mr	m/dd/yyyy):					
Some aliens may write	"N/A" in the expir	ation date field.	(See instru	ıctions)			_		
Aliens authorized to work mu An Alien Registration Numbe	, ,		0		,			Do	QR Code - Section 1 Not Write In This Space
Alien Registration Numbe OR	r/USCIS Number:								
2. Form I-94 Admission Num OR	nber:								
3. Foreign Passport Numbe	r:								
Country of Issuance:									
Signature of Employee						Today's Dat	e (mm/dd/	<i>'</i> yyyy)	
Preparer and/or Tran I did not use a preparer or Fields below must be com	translator. pleted and sign	A preparer(s) a ed when prepa	and/or trans	slator(s) assis or translate	ors ass	sist an empl	oyee in c	ompletin	g Section 1.)
l attest, under penalty of p knowledge the informatio			in the co	mpletion	of Sec	tion 1 of th	is form a	ind that	to the best of my
Signature of Preparer or Trans							Today's D	Date (mm/	dd/yyyy)
Last Name (Family Name)				First N	ame (0	Given Name)			
				1					

STOP

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.")

Employee Info from Section 1	Last Name (Fa	mily Name)		First Na	me (Given Na	me)	M.I.	Citize	nship/Immigration Status
List A	OF	₹	List			AND		Emai	List C
Identity and Employment Auth Document Title	iorization	Document Ti	Iden	lity		Docum	ent Title		oyment Authorization
Doddfiont Title		Document	itie			Docum	ioni nii	C	
Issuing Authority		Issuing Auth	ority			Issuing	, Author	rity	
Document Number		Document N	umber			Docum	ent Nui	mber	
Expiration Date (if any)(mm/dd/yyy	y)	Expiration Da	ate (if any)(r	mm/dd/yy	ryy)	Expira	tion Dat	e (if an	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additional	Informatio	n					Code - Sections 2 & 3 Not Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yyy	y)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy	y)								
Certification: I attest, under pe (2) the above-listed document(s employee is authorized to work The employee's first day of e	s) appear to be in the United	e genuine an States.	d to relate		mployee nan	ned, and	(3) to t	he bes	t of my knowledge the
			·		(See	instructi	ons to	r exen	nptions)
Signature of Employer or Authorize	d Representativ	/e	Today's Dat	te (mm/de	d/yyyy) Titl	e of Emplo	yer or A	Authoriz	zed Representative
Last Name of Employer or Authorized F	Representative	First Name of	Employer or A	Authorized	I Representative	Emplo	yer's Bu	usiness	or Organization Name
Employer's Business or Organization	on Address (Stre	eet Number ar	nd Name)	City or 7	Γown		Sta	ate	ZIP Code
Section 3. Reverification	and Rehires	(To be com	pleted and	signed	by employer	or author	ized re	presei	ntative.)
A. New Name (if applicable)								, ,	oplicable)
Last Name (Family Name)	First N	lame (Given N	lame)	N	Middle Initial	Date (m	m/dd/yy	/yy)	
C. If the employee's previous grant continuing employment authorizatio				provide t	the information	for the do	cument	or rece	eipt that establishes
Document Title			Docume	nt Numb	er		Expir	ration D	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum	, ,		•		•				•
Signature of Employer or Authorize	d Representativ	ve Today's	Date (mm/o	ld/yyyy)	Name of E	mployer o	r Authoi	rized R	epresentative
		ı			_				

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		LIST B Documents that Establish Identity AN	LIST C Documents that Establish Employment Authorization ND			
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		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	4.	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:(1) The same name as the passport;	t:	 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 		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		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of		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		
0.	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		 School record or report card Clinic, doctor, or hospital record 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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