

## **Employment Eligibility Verification**

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

## Department of Homeland Security

U.S. Citizenship and Immigration Services

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Inforn than the first day of employment,	er Alexandria eta 19a erro erro erro erro erro erro errolareko eta errolareko errolareko eta eta errolareko Ab	victory in every contribute Talinate in with twinting the Contribution to Arman excitation of the Contribution of	and sign Se	ction 1 c	of Form I-9 no later
Last Name (Family Name)	First Name (Given Name	Other Names	ames Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Town	S	tate	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social		Telephone Number			
am aware that federal law provid		fines for false statements	or use of f	alse do	cuments in
attest, under penalty of perjury,  A citizen of the United States  A noncitizen national of the Unit		ollowing):			
A lawful permanent resident (Al	en Registration Number/USCI	S Number):		··········	
An alien authorized to work until (e) (See instructions)	piration date, if applicable, mm/do	d/yyyy)	. Some aliens	may wri	te "N/A" in this field.
For aliens authorized to work, p	rovide your Alien Registration	Number/USCIS Number <b>O</b> i	R Form I-94	Admiss	ion Number:
Alien Registration Number/US     OR	SCIS Number:			Do No	3-D Barcode ot Write in This Spac
2. Form I-94 Admission Number	·.				- · · · · · · · · · · · · · · · · · · ·
If you obtained your admission States, include the following:	n number from CBP in connec	tion with your arrival in the	United		
Foreign Passport Number:					
Country of Issuance:					
• "	on the Foreign Passport Numb		e fields. (Se	e instruc	tions)
Signature of Employee:	Date (mm/e	m/dd/yyyy):			
Preparer and/or Translator Ce employee.)	rtification (To be completed	and signed if Section 1 is p	prepared by	a persoi	n other than the
attest, under penalty of perjury, nformation is true and correct.	that I have assisted in the co	empletion of this form and	that to the	best of	my knowledge the
Signature of Preparer or Translator:	4.44 - 1.4			Date (	mm/dd/yyyy):
Last Name <i>(Family Name)</i>		First Name (Give	en Name)	1	

## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: List A OR List B AND List C 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: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/vyvy): 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. (See instructions for exemptions.) The employee's first day of employment (mm/dd/yyyy): Date (mm/dd/yyyy) Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name Employer's Business or Organization Address (Street Number and Name) City or Town Zip Code State Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Document Number: Expiration Date (if any)(mm/dd/yyyy): Document Title: 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. Date (mm/dd/yyyy): Signature of Employer or Authorized Representative: Print Name 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		LIST B  Documents that Establish  Identity		LIST C  Documents that Establish  Employment Authorization	
	Employment Authorization OF			ND		
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		1. 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  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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT	
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa				(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)			2.	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:		School ID card with a photograph     Voter's registration card	4.	Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	<ul><li>a. Foreign passport; and</li><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport;</li></ul>	-	U.S. Military card or draft record     Military dependent's ID card     U.S. Coast Guard Merchant Mariner Card		Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
	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.	8	3. Native American tribal document		Native American tribal document	
		9	Driver's license issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197)	
		F	For persons under age 18 who are unable to present a document listed above:		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	1	10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security	
	the United States and the FSM or RMI					

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.