

## **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 and Attestation (Employees must complete and sign Section 1 of Form I-9 no later										
than the first day of employment, but not before accepting a job offer.)										
Last Name (Family Name)	First Name (Given Name) Middle Initial Oth				ner Last Names Used <i>(if any)</i>					
Address (Street Number and Name)	Apt. Number	Diber City or Town			State	ZIP Code				
Date of Birth (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 imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.										
I attest, under penalty of perjury, that I am (check one of the following boxes):										
1. A citizen of the United States										
2. A noncitizen national of the United States (See instructions)										
3. A lawful permanent resident (Alien Registration Number/USCIS Number):										
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):  Some aliens may write "N/A" in the expiration date field. (See instructions)										
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.										
Alien Registration Number/USCIS Number:     OR										
2. Form I-94 Admission Number: OR			_							
3. Foreign Passport Number:										
Country of Issuance:										
Signature of Employee Today's Date (n					nm/dd/yyyy)					
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.										
Signature of Preparer or Translator Today						's Date ( <i>mm/dd/yyyy</i> )				
Last Name (Family Name) First Name (Given Name)										
Address (Street Number and Name)		City or Town			State	ZIP Code				

SICP

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."). Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status **Employee Info 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** QR Code - Sections 2 & 3 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 Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name State Employer's Business or Organization Address (Street Number and Name) City or Town ZIP Code Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) B. Date of Rehire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy) 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. **Document Title Document Number** Expiration Date (if any) (mm/dd/yyyy) 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. Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) 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  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	1	<ol> <li>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</li> <li>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</li> </ol>		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)				(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  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	prant alien authorized pecific employer or her status: sport; and Form I-94A that has it e name as the passport; resement of the alien's grant status as long as od of endorsement has expired and the	5. U.S. Military card or draft record  5. Military dependent's ID card  7. U.S. Coast Guard Merchant Mariner Card  6. Native American tribal document	<ul><li>4.</li><li>5.</li><li>6.</li></ul>	certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal  Native American tribal document  U.S. Citizen ID Card (Form I-197)  Identification Card for Use of
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	unable to present a document listed above:  0. School record or report card  1. Clinic, doctor, or hospital record  2. Day-care or nursery school record	8.	Resident Citizen in the United States (Form I-179)  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.