

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

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

▶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 Informati			and sign Sec	tion 1 of	Form I-9 no later
than the first day of employment , but Last Name (<i>Family Name</i>)	not before accepting a job of First Name (Given Name)		Other Names	Used (if a	any)
Address (Street Number and Name)	Apt. Number	City or Town	Sta	ite	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number E-mail Addres	S	I	Telepho	l one Number
I am aware that federal law provides to connection with the completion of the		ines for false statements	or use of fa	lse doc	uments in
I attest, under penalty of perjury, that A citizen of the United States	I am (check one of the fo	llowing):			
A noncitizen national of the United S	States (See instructions)				
A lawful permanent resident (Alien I	Registration Number/USCIS	S Number):			
An alien authorized to work until (expira	tion date, if applicable, mm/dd	/yyyy)	. Some aliens ı	may write	"N/A" in this field.
For aliens authorized to work, provi	de your Alien Registration N	lumber/USCIS Number O l	R Form I-94 A	Admissic	n Number:
1. Alien Registration Number/USCIS	S Number:				
OR				Do Not	3-D Barcode Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission no States, include the following:	umber from CBP in connect	ion with your arrival in the	United		
Foreign Passport Number:					
Country of Issuance:					
Some aliens may write "N/A" on t			e fields. (See	instructi	ions)
Signature of Employee:			Date (mm/de	d/yyyy):	
Preparer and/or Translator Certif employee.)	ication (To be completed a	and signed if Section 1 is p	repared by a	person	other than the
I attest, under penalty of perjury, that information is true and correct.	I have assisted in the cor	mpletion of this form and	I that to the I	best of I	my knowledge the
Signature of Preparer or Translator:				Date (m	nm/dd/yyyy):
Last Name (Family Name)		First Name (Give	en Name)	<u> </u>	
Address (Street Number and Name)		City or Town	5	State	Zip Code
	Employer Cor	unletes Next Page	evon		

Form I-9 03/08/13 N Page 7 of 9

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 Init	tial from Section	on 1:						
List A OR Identity and Employment Authorization		st B entity			AND	Er	List C	uthorization
Document Title:	Document Title:				Do	ocument T	itle:	
Issuing Authority:	ssuing Authority	/ :			Is	suing Auth	ority:	
Document Number:	Document Numb	oer:			Do	ocument N	lumber:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date	(if any)	(mm/dd/yyyy)):	E	piration D	ate (if any)(m	nm/dd/yyyy):
Document Title:								
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								3-D Barcode
Document Title:							Do Not	Write in This Space
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
Certification I attest, under penalty of perjury, that (1) I had above-listed document(s) appear to be genue employee is authorized to work in the United The employee's first day of employment (m.)	uine and to re d States.			oyee nam	ed, ar	nd (3) to		my knowledge the
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	`_				epresentative
Last Name (Family Name) Fi	rst Name (Give	n Name	e)	Employer's	s Busin	ess or Org	ganization Na	me
Employer's Business or Organization Address (Stree	et Number and I	Name)	City or Town	n			State	Zip Code
Section 3. Reverification and Rehire	es (To be cor	nplete	d and signe	d by empl	loyer c	or authoriz	zed represe	ntative.)
A. New Name (if applicable) Last Name (Family Name	ne) First Name	(Giver	Name)	Middle	Initial	B. Date of	Rehire <i>(if ap</i>	plicable) (mm/dd/yyyy):
C. If employee's previous grant of employment author presented that establishes current employment aut					ne docu	ıment from	List A or List	C the employee
Document Title:	Docui	ment N	umber:				Expiration Da	te (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to the be the employee presented document(s), the doc								
Signature of Employer or Authorized Representative	e: Date	(mm/do		Print Nar	me of E	Employer o	or Authorized	Representative:

Form I-9 03/08/13 N Page 8 of 9

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	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 I-551 printed notation on a machine-			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 ID card issued by federal, state or local	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.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)	gove prov infor gene	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 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:		4.	School ID card with a photograph Voter's registration card U.S. Military card or draft record		Certification of Report of Birth issued by the Department of State (Form DS-1350)
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:(1) The same name as the passport;		6. 7.	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	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.	-	9.	Native American tribal document Driver's license issued by a Canadian government authority	5. 6.	Native American tribal document U.S. Citizen ID Card (Form I-197)
				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 the United States and the FSM or RMI		11.	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security

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.

Form I-9 03/08/13 N Page 9 of 9