

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.

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Section 1. Employee Information			ust complete and	l sign Se	ction 1 c	f Form I-9 no later
than the first day of employment , but no	The state of the contract of the state of th			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Last Name (Family Name)	First Name (Given Nar	ne)	Middle Initial	Other L.	ast Name	s Used (if any)
					la	
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code
					<u></u>	
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Empl	loyee's E-mail Ad	dress	Eı	nployee's	Telephone Number
	-					
I am aware that federal law provides for connection with the completion of this		or fines for fal	se statements o	r use of	false do	cuments in
attest, under penalty of perjury, that I		e following box	kes):			
1. A citizen of the United States						
2. A noncitizen national of the United State	s (See instructions)					-
3. A lawful permanent resident (Alien Re	egistration Number/USCI	S Number):	F.,,			
4. An alien authorized to work until (expire	ration date, if applicable,	mm/dd/yyyy):		- I		
Some aliens may write "N/A" in the expi		•		_		
Aliens authorized to work must provide only o An Alien Registration Number/USCIS Numbe	ne of the following docui r OR Form I-94 Admissio	ment numbers to on Number OR Fo	complete Form I-9 oreign Passport Nu	: ımber.	Đơ	QR Code - Section 1 o Not Write In This Space
1. Alien Registration Number/USCIS Number	·:					
OR				***************************************		
2. Form 1-94 Admission Number:						
OR 3. Foreign Passport Number:	,					
Country of Issuance:		***************************************				
Oddiny of issuance.						
Signature of Employee			Today's Dat	e (mm/dd/	<i>'</i> yyyy)	
	(+)~~v+>~~///					
Preparer and/or Translator Certi			ed the employee in	completin	n Section	1
(Fjelds below must be completed and sign						
I attest, under penalty of perjury, that I knowledge the information is true and		completion of	Section 1 of th	is form a	and that	to the best of my
Signature of Preparer or Translator				Today's I	Date (mm/	/dd/yyyy)
					·	
Last Name (Family Name)		First Na	me (Given Name)			
		First Na	me (Given Name)		State	ZIP Code
Last Name (Family Name)			me (Given Name)		State	ZIP Code
Last Name (Family Name)			me (Given Name)		State	ZIP Code



Employer Completes Next Page





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Section 2. Employer or Authorized representative.	nust compl	ete and sign Section	i 2 within 3 bi	isiness days of	the employ	ee's first day of employment. You
must physically examine one document from L of Acceptable Documents.")	ist A OR a	combination of one	document fro	n List B and one	a documen	I from List C as listed on the "Lists
Employee Info from Section 1	(Family N	ame)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List Ident		AND		List C Employment Authorization
Document Title	Docu	ment Title		Do	cument Tit	le
Issuing Authority	İşsuli	ng Authority		lss	suing Autho	rity
Document Number	Docu	ment Number		Do	cument Nu	ımber
Expiration Date (if any)(mm/dd/yyyy)	Expir	ration Date (if any)(n	nm/dd/yyyy)	Ex	piration Da	te (if any)(mm/dd/yyyy)
Document Title						,
Issuing Authority	Add	ditional Informatio	n			QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						
Document Title						and the state of t
Issuing Authority						
Document Number					ļ	
Expiration Date (if any)(mm/dd/yyyy)					***************************************	
Certification: I attest, under penalty of p (2) the above-listed document(s) appear employee is authorized to work in the U The employee's first day of employme	to be geni nited State	uine and to relate es.	ned the doc to the empl	oyee named, a	and (3) to	the above-named employee, the best of my knowledge the or exemptions)
Signature of Employer or Authorized Represe	ntative	Today's Dat	te (mm/dd/yy	Title of E	mployer or	Authorized Representative
Last Name of Employer or Authorized Representa	ive First I	Name of Employer or /	Authorized Rep	presentative E	mployer's E	Business or Organization Name
Employer's Business or Organization Address	(Street Nu	ımber and Name)	City or Town	1	s	tate ZIP Code
Section 3. Reverification and Rel	i res (To i	be completed and	signed by e	mployer or au	ithorized r	epresentatives)
A. New Name (If applicable)		o sing (NECLIA CO, Proper Mayor and Co.				lire (if applicable)
Last Name (Family Name)	irst Name ((Given Name)	Midd	le Initial Da	te (mm/dd/)	<i>(YYYY</i>)
C. If the employee's previous grant of employ continuing employment authorization in the sp	ment autho	rization has expired, ed below.	provide the i	nformation for th	ne documei	nt or receipt that establishes
Document Title	Annual Section of the Section of Section 2		ent Number		Exp	piration Date (if any) (mm/dd/yyyy)
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.						
Signature of Employer or Authorized Represe		Today's Date (mm/c				orized 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	ЭR	LIST B Documents that Establish Identity AN	!D	LIST C Documents that Establish Employment Authorization	
 	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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMEN	
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		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 3. School ID card with a photograph		(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 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		Voter's registration card U.S. Military card or draft record	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	
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and	7	7.	7. U.S. Coast Guard Merchant Mariner Card	4. 5.	
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has	100	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)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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	
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	10. School record or report card 11. Clinic, doctor, or hospital record 12. 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.