

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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 b Last Name (Family Name)						r Last Names Used <i>(if any)</i>		
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Secur	te of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address							
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 Dat	e (<i>mm/dd/</i>	(уууу)			
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 (mm/dd/yyyy)								
Last Name (Family Name)	Last Name (Family Name) First Name (Given Name)							
Address (Street Number and Name) City or Town State ZIP Code					ZIP Code			

STOP

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.")

of Acceptable Documents.")	none nom Er	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a combin	anon or one	accann	one monn Eloc	D and o	ne docum	ioni nom E	or o do noted on the Pioto	
Employee Info from Section 1	Last Name	(Family	Name)		First N	ame <i>(Given</i>	Name)	M.	I. Citizer	nship/Immigration Status	
List A Identity and Employment Aut	norization	OR		List Ident			AND)	List C Employment Authorizat		
Document Title		Dod	cument T	ïtle			С	Document	Title		
Issuing Authority	Issu	Issuing Authority Issuing Authority					thority				
Document Number	Dod	Document Number				<u> </u>	Document Number				
Expiration Date (if any) (mm/dd/yy	xpiration Date (if any) (mm/dd/yyyy)				Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if an					y) (mm/dd/yyyy)	
Document Title											
Issuing Authority		A	dditional	Informatio	n					Code - Sections 2 & 3 of Write In This Space	
Document Number											
Expiration Date (if any) (mm/dd/yy	yy)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yy	yy)										
Certification: I attest, under pe (2) the above-listed document(employee is authorized to worl	s) appear to	be gei	nuine an								
The employee's first day of e				<i>ı</i>):		(S	ee inst	ructions	for exen	nptions)	
Signature of Employer or Authorize	ative		Today's Dat	e (<i>mm</i> /	dd/yyyy)	Title of	of Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer				Employer'	s Business or Organization Name						
Employer's Business or Organizati	on Address (Street N	lumber aı	nd Name)	City or	Town	ļ		State	ZIP Code	
Section 3. Reverification	and Rehii	es (To	be com	pleted and	signed	by employ	yer or a	uthorized	d represer	ntative.)	
A. New Name (if applicable)							B.	B. Date of Rehire (if applicable)			
Last Name (Family Name)	Fir	st Name	(Given N	Name)		Middle Initia	al Da	ate (mm/d	d/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				Docume	ocument Number Expiration Date (if any) (mn					ate (if any) (mm/dd/yyyy)	
I attest, under penalty of perjur the employee presented docun											
Signature of Employer or Authorize	ative	Today's	Date (mm/d	(mm/dd/yyyy) Name of Employer or Authorized Representative				epresentative			

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)		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 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		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card 	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. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(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		Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document		Resident Citizen in the United States (Form I-179) Employment authorization document issued by the
6.	limitations identified on the form. 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		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

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