

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	Other Last Names Used (if any)			
Address (Street Number and N	lame)	Apt. Number Ci		City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security	Number	Employe	ee's E-mail Addr	ess	E	mployee'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):		
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 comp An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Alien Registration Number/USCIS Number: OR S. Foreign Passport Number:		QR Code - Section 1 Do Not Write In This Space
Country of Issuance:		
Signature of Employee	Today's Date (mm/dd/)	<u>vyyy)</u>
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the (Fields below must be completed and signed when preparers and/or translators ass	sist an employee in co	ompleting Section 1.)
I attest, under penalty of periury, that I have assisted in the completion of Sec	tion 1 of this form a	nd that to the pest of my

knowledge the information is true and correct.

Signature of Preparer or Translator			Today's D	Date (<i>mm</i> /a	ld/yyyy)
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code

STOP

STOP



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

	resentative mus	st complete and sign Sectio	n 2 within 3 business d	lays of the emp	loyee's first day of employment. You nent from List C as listed on the "Lists			
Employee Info from Section 1	Last Name (Fa	amily Name)	First Name (Given Na	ame) M.	I. Citizenship/Immigration Status			
List A Identity and Employment Aut	-	DR List Iden		AND	List C Employment Authorization			
Document Title		Document Title		Document				
Issuing Authority		Issuing Authority		Issuing Au	Issuing Authority			
Document Number		Document Number		Document	Document Number			
Expiration Date (if any)(mm/dd/yy)	<i>IY</i>)	Expiration Date (if any)(i	mm/dd/yyyy)	Expiration	Expiration Date (if any)(mm/dd/yyyy)			
Document Title								
Issuing Authority		Additional Information	n		QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number								
Expiration Date (if any)(mm/dd/yyy	<i>(y</i>)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yy)	<i>(y)</i>							

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			ative	Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number and				Name) City or Town			State	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 F			Rehire (if applicable)		
Last Name (Family Name) First Name (Given Name)			Name)	me) Middle Initial Date		Date (mm/a	ate (<i>mm/dd/yyyy</i>)			
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 D	ate (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 Representative Today's D			Date (mm/dd/yyyy) Name of En			of Em	f 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			LIST C Documents that Establish Employment Authorization ND			
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- readable immigrant visa Employment Authorization Document that contains a photograph (Form	-		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 government agencies or entities, provided it contains a photograph or information such as name, date of birth,	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 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms 			
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	-	4. 5.	gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	DS-1350, FS-545, FS-240)			
	 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 	-		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document		•			
	(2) An endorsement of the alter'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.	-		Driver's license issued by a Canadian government authority or persons under age 18 who are unable to present a document listed above:	7.	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					

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.