

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 than the first day of employment, but not			ist complete and	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Nam	ne)	Middle Initial	Other Last Names Used (if any)				
Address (Street Number and Name)	ss (Street Number and Name) Apt. Number City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Employee's E-mail Address			Eı	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 a	am (check one of the	e following box	es):					
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 (expira	• • • • • • • • • • • • • • • • • • • •			_				
Some aliens may write "N/A" in the expiration date field. (See instructions) QR Code - Section 1								
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	e (mm/dd/	(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/d	ld/yyyy)		
Last Name (Family Name)		First Nam	e (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



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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 docume of Acceptable Documents.")	nt from List A C	DR a combina	ation of one	docume	ent from List	B and	one docun	nent from Li	st C as listed on the "Lists	
,	ast Name <i>(Fam</i>	nily Name)		First N	ame (Given	Name) M	.I. Citizen	ship/Immigration Status	
List A Identity and Employment Author	OR rization			List B AN			D	Emplo	List C yyment Authorization	
Document Title		Document Ti	Document Title				Document Title			
Issuing Authority Issuing A			Authority				Issuing Authority			
Document Number Document			lumber				Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Da	ate (if any) (Exp			Expiration	Expiration Date (if any) (mm/dd/yyyy)		
Document Title										
Issuing Authority		Additional	Informatio	n					ode - Sections 2 & 3 t 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)	xpiration Date (if any) (mm/dd/yyyy)									
Certification: I attest, under pena (2) the above-listed document(s) employee is authorized to work in	appear to be	genuine an								
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)										
Signature of Employer or Authorized Representative			Today's Dat	day's Date (mm/dd/yyyy) Title of Em				nployer or Authorized Representative		
Last Name of Employer or Authorized Re	presentative	First Name of E	Employer or A	Authorize	d Represent	ative	Employer	's Business	or Organization Name	
Employer's Business or Organization	Address (Stree	et Number an	d Name)	City or	Town		•	State	ZIP Code	
Section 3. Reverification ar	nd Rehires	(To be comp	oleted and	signea	by emplo	yer or	authorize	d represen	tative.)	
A. New Name (if applicable)										
Last Name (Family Name) First Name (Given N			lame)	Middle Initial Date (mm/dd/yyyy)						
C. If the employee's previous grant of continuing employment authorization is				provide	the informa	ation fo	r the docun	nent or rece	ipt that establishes	
Document Title			Docume	Document Number			Expiration 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	Representative	Today's	Date (mm/d	d/yyyy)	Name	of Emp	oloyer or Au	uthorized Re	presentative	

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	1D	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		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	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.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		 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 	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 b. Form I-94 or Form I-94A that has		 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
	the following: (1) The same name as the passport; and		 U.S. Coast Guard Merchant Mariner Card 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		9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		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				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.

Form I-9 10/21/2019 Page 3 of 3