

## **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 Information and than the first day of employment, but not before			and sign S	ection 1 d	of Form I-9 no later
Last Name (Family Name) Fire	st Name (Given Name	e) Middle Initia	Other Name	es Used (i	f any)
Address (Street Number and Name)	Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)  U.S. Social Security No	umber E-mail Addre	ss		Teleph	none Number
I am aware that federal law provides for imp connection with the completion of this form		fines for false statement	s or use of	false do	cuments in
I attest, under penalty of perjury, that I am (o	check one of the f	ollowing):			
A citizen of the United States					
A noncitizen national of the United States (	See instructions)				
A lawful permanent resident (Alien Registra	ation Number/USCI	S Number):			
An alien authorized to work until (expiration date (See instructions)	e, if applicable, mm/de	d/yyyy)	. Some alier	ıs may wri	te "N/A" in this field.
For aliens authorized to work, provide your	Alien Registration	Number/USCIS Number <b>C</b>	R Form I-9	4 Admiss	ion Number:
1. Alien Registration Number/USCIS Numb	er:				2 D Barranda
OR				Do N	3-D Barcode ot Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission number for States, include the following:	rom CBP in connec	ction with your arrival in the	United		
Foreign Passport Number:					
Country of Issuance:					
Some aliens may write "N/A" on the Fore	eign Passport Numl	per and Country of Issuand	ce fields. (Se	ee instruc	tions)
Signature of Employee:			Date (mm	n/dd/yyyy):	
Preparer and/or Translator Certification employee.)	I (To be completed	and signed if Section 1 is	prepared by	a persoi	n other than the
I attest, under penalty of perjury, that I have information is true and correct.	assisted in the co	ompletion of this form an	d that to th	e best of	my knowledge the
Signature of Preparer or Translator:				Date (	mm/dd/yyyy):
Last Name (Family Name)		First Name (Gi	ven Name)		
Address (Street Number and Name)		City or Town		State	Zip Code
STOP	Employer Co	mpletes Next Page	STOP	1	

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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 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 Initial from Section 1:								
List A O		List B		A	ND	List C Employment A		
Document Title:	Document Title	e:			Documer	nt Title:		
Issuing Authority:	Issuing Author	rity:			Issuing A	uthority:		
Document Number:	Document Nu	mber:			Documer	nt Number:		
Expiration Date (if any)(mm/dd/yyyy):	Expiration Dat	e (if any)	(mm/dd/yyyy)	):	Expiration	n Date (if any)(n	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 above-listed document(s) appear to be ge employee is authorized to work in the Unit The employee's first day of employment (	nuine and to ted States.	relate to	o the emplo	oyee name	d, and (3) t		my knowledge the	
				_ `				
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) Title of		f Employer or Authorized Representative				
Last Name (Family Name)	First Name (Given Name)		e)	Employer's Business or O		Organization Na	rganization Name	
Employer's Business or Organization Address (Str	reet Number an	d Name)	City or Tow	n		State	Zip Code	
Section 2 Poverification and Pohi	iroo /Ta ba a		d and aims	al bu a mandau			entativa )	
A. New Name (if applicable) Last Name (Family N	•	-					pplicable) (mm/dd/yyyy):	
C. If employee's previous grant of employment authorises presented that establishes current employment a	norization has ex authorization in t	pired, pro he space	vide the inforr provided belo	mation for the	document fr	om List A or List	C the employee	
Document Title:		Document Number:				Expiration Da	te (if any)(mm/dd/yyyy):	
I attest, under penalty of perjury, that to the								
the employee presented document(s), the do				_				
Signature of Employer or Authorized Representat	ive: Dat	e (mm/do	d/yyyy):	Print Name	of Employe	er or Authorized	Representative:	

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## 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	
	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien  Registration Receipt Card (Form I-551)		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, 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	
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa				<ul><li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li><li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li></ul>	
4.	Employment Authorization Document that contains a photograph (Form I-766)			2.	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:		3. School ID card with a photograph 4. Voter's registration card 5. U.S. Milkers and an draft accord.	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	<ul><li>a. Foreign passport; and</li><li>b. Form I-94 or Form I-94A that has the following:</li><li>(1) The same name as the passport;</li></ul>		U.S. Military card or draft record     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	8. Native American tribal document principles on endorsement of the alien's principles on immigrant status as long as	8. Native American tribal document	5.	Native American tribal document	
	nonimmigrant status as long as that period of endorsement has			6.	U.S. Citizen ID Card (Form I-197)	
	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:		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		10. School record or report card  11. Clinic, doctor, or hospital record  12. 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.

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