

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.

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.)								
				Other L	Other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Securi	ity Number Emplo	Employee's E-mail Address			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 am (check one of the following boxes):								
	T (Check one of the	Tollowing boxe	3 j.					
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 of the some aliens may write "N/A" in the expiration of the spiration o	on date, if applicable, m	nm/dd/yyyy):						
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 (mm/dd/	<i>'</i> yyyy)			
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 D	Date (mm/c	dd/yyyy)		
Last Name (Family Name)		First Name	(Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		
·								

STOP

Employer Completes Next Page

STOP



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Citizenship/Immigration Status

Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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.")

First Name (Given Name)

Employee Info from Section 1	Last Name (Fa	пппу паппе)		First Name	e (Giveil I\	iairi e)	IVI.I	. Citize	nsnip/immigration Status
List A Identity and Employment Auth	Ol	R	List Ident			AND)	Emple	List C oyment Authorization
Document Title		Document T	itle]	Document	Title	
Issuing Authority		Issuing Auth	nority				Issuing Aut	thority	
Document Number		Document N	lumber				Document	Number	
Expiration Date (if any)(mm/dd/yyyy	()	Expiration D	ate (if any)(r	nm/dd/yyyy)	_ 1	Expiration	Date (if an	y)(mm/dd/yyyy)
Document Title	\neg								
Issuing Authority		Additional	I Informatio	n					Code - Sections 2 & 3 lot 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	/)								
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 Authorize	d Representativ	ve	Today's Dat	e (mm/dd/y	<i>'yyy)</i> T	itle of	Employer	or Authoriz	zed Representative
Last Name of Employer or Authorized F	Representative	First Name of	Employer or A	Authorized R	epresentati	ve	Employer's	Business	or Organization Name
Employer's Business or Organization	on Address (Str	eet Number a	nd Name)	City or Tov	vn			State	ZIP Code
Section 3. Reverification a	and Rehires	(To be com	pleted and	signed by	employe	er or a	authorized	l represer	ntative.)
A. New Name (if applicable)						B.	Date of R	ehire (if ap	plicable)
Last Name (Family Name)	First N	Name <i>(Given I</i>	Vame)	Mic	ldle Initial	D	ate (mm/de	d/yyyy)	
C. If the employee's previous grant continuing employment authorizatio				provide the	information	on for	the docum	ent or rece	eipt that establishes
Document Title			Docume	nt Number			E	xpiration D	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum									
Signature of Employer or Authorize	d Representativ	ve Today's	Date (mm/d	ld/yyyy)	Name of	Empl	oyer or Au	thorized Re	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 AN	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		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 EMPLOYMENT (2) VALID FOR WORK ONLY WITH	
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document	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,	2.	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued		
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or	
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:(1) The same name as the passport;		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4. 5.	territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)	
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		8. Native American tribal document 9. Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	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:		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	blic of n Form r the Between	 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.

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