

# 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.

and Name (Camilla Name)		ob offer.)						
Last Name (Family Name)	First Name (Given Nar	ne)	Middle Initial	Other La	ist Name:	nmes Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code		
te of Birth (mm/dd/yyyy)  U.S. Social Security Number Employee's E-mail Address						Employee's Telephone Number		
am aware that federal law provide onnection with the completion of		or fines for fals	e statements o	or use of	false do	cuments in		
attest, under penalty of perjury, the	hat I am (check one of the	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 (Ali	ien Registration Number/USCI	S Number):			****			
4. An alien authorized to work until	(expiration date, if applicable,	mm/dd/yyyy):						
Some aliens may write "N/A" in the	e expiration date field. (See ins	structions)				QR Code - Section 1		
Aliens authorized to work must provide An Alien Registration Number/USCIS N  1. Alien Registration Number/USCIS No	lumber OR Form I-94 Admissio				Do	o Not Write In This Space		
OR								
2. Form I-94 Admission Number: OR				ļ				
3. Foreign Passport Number:								
Foreign Passport Number:     Country of Issuance:								
			Today's Da	te ( <i>mm/dd/</i>	יעעע)			
Country of Issuance:  Signature of Employee  Preparer and/or Translator C  I did not use a preparer or translator.	A preparer(s) and/or tr	anslator(s) assiste	d the employee in	n completing	g Section			
Country of Issuance:  Signature of Employee  Preparer and/or Translator C  I did not use a preparer or translator.  Fields below must be completed and attest, under penalty of perjury, to	A preparer(s) and/or tr d signed when preparers a hat I have assisted in the	anslator(s) assistend/or translators	ed the employee in	n completing	g Section ompletin	g Section 1.)		
Country of Issuance:  Signature of Employee  Preparer and/or Translator (  I did not use a preparer or translator.  Fields below must be completed and	A preparer(s) and/or tr d signed when preparers a hat I have assisted in the	anslator(s) assistend/or translators	ed the employee in	n completing	g Section ompletin nd that	g Section 1.) to the best of my		
Country of Issuance:  Signature of Employee  Preparer and/or Translator (  I did not use a preparer or translator.  Fields below must be completed and attest, under penalty of perjury, to the complete the information is true.	A preparer(s) and/or tr d signed when preparers a hat I have assisted in the	anslator(s) assistend/or translators completion of	ed the employee in	ocompleting loyee in consist form a	g Section ompletin nd that	g Section 1.) to the best of my		

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Employer Completes Next Page

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### **Employment Eligibility Verification**

#### **Department of Homeland Security**

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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.") Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status **Employee Info from Section 1** List A OR List B AND List C Identity and Employment Authorization Identity **Employment Authorization** Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Document Title QR Code - Sections 2 & 3 Issuing Authority Additional Information Do Not Write In This Space Document Number Expiration Date (if any)(mm/dd/vyvy) 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 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 Employer's Business or Organization Name State Employer's Business or Organization Address (Street Number and Name) City or Town 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 Rehire (if applicable) Last Name (Family Name) Middle Initial First Name (Given Name) Date (mm/dd/vvvv) 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 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/dd/yyyy) Name of 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	R	LIST B  Documents that Establish  Identity  AN	ID	LIST C Documents that Establish Employment Authorization
3.	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 I-766)	State or outlying poss United States provided photograph or informa name, date of birth, ge color, and address  2. ID card issued by fede government agencies provided it contains a information such as na	State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye	2.	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 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 the following:  (1) The same name as the passport; and	5. 6. 7.	. U.S. Military card or draft record	3. 4. 5. 6.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal  Native American tribal document  U.S. Citizen ID Card (Form I-197)
6	(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 limitations identified on the form.	9	Driver's license issued by a Canadian government authority  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)  Employment authorization document issued by the Department of Homeland Security
M th I-S no	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form 1-94A indicating the monimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	11	<ol> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>		

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.