

U.S. Citizenship and Immigration Services

► 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	Apt. Nu	umber	City or Town			State	ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Secu	urity Num	l <mark>ber</mark>	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):								
4. 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 complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	QR Code - Section 1 Do Not Write In This Space							
1. 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 (*mm/dd/yyyy*)

STOP

Preparer and/or Translator Certification (check one):

STOP

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)ate (<i>mm/a</i>	ld/yyyy)
Last Name (<i>Family Name</i>)		First Name (Given Name)			
Address (Street Number and Name)	City or	r Town		State	ZIP Code



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Employee Info from Section 1		(Family Name)	First Name	(Given Name)	M.I.	Citizenship/Immigration Status		
List A Identity and Employment Aut		OR	List B Identity	AND		List C Employment Authorization		
Document Title	Document Title	Document Title Do			ocument Title			
ssuing Authority	Issuing Authorit	Issuing Authority Is			ssuing Authority			
Document Number		Document Num	ber	Docu	ment N	umber		
xpiration Date (if any) (mm/dd/yy	Expiration Date	Expiration Date (if any) (mm/dd/yyyy)			Expiration Date (if any) (mm/dd/yyyy)			
Document Title								
ssuing Authority		Additional In	formation			QR Code - Sections 2 & 3 Do Not Write In This Space		
ocument Number		-						
Expiration Date (<i>if any</i>) (<i>mm/dd/yy</i>	уу)							
Document Title								
ssuing Authority								
Document Number								
Expiration Date (<i>if any</i>) (mm/dd/yy	VV)							

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 <i>(mm/dd/yyyy)</i> Titl			Title o	Fitle of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First Name of			Employer or a	mployer or Authorized Representative Employer			's Business or Organization Name			
Employer's Business or Organization Address (<i>Street Number and Name</i>)				City or	Town	State ZIP Code			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) First Name (Given Na			Vame)		Middle Init	ial	Date (mm/dd/yyyy)			
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			Docume	Document Number Expiration Date (if any) (mm/dd/yy					0ate (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 I			Date (<i>mm/c</i>	ld/yyyy)	Name	of Em	nployer 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 ID			
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		 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, 	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 		
4.	Employment Authorization Document that contains a photograph (Form I-766)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	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	4	 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependently 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		
	 b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and 	7	 Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4. 5.			
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		 a. Native American tribal document b. Driver's license issued by a Canadian government authority 	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
	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:		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	1	 School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 				

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.