

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.

Last Name (Family Name)	First Name (Given Nam	ie)	Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Town	1		State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number Emplo	byee's E-mail Add	Iress		Employee's Telephone Number	
am aware that federal law provides connection with the completion of the	ils form.			r use of	false do	cuments in
l attest, under penalty of perjury, tha	t I am (check one of the	following boxe	∋s):			
1. A citizen of the United States				- Variable physicism		
2. A noncitizen national of the United S	tates (See Instructions)				AND THE RESIDENCE OF PRINCIPLES	er valente et en
3 A lawful permanent resident (Alien	Registration Number/USCIS	Number):			THE STREET STREET, STR	CONTRACTOR OF THE CONTRACTOR O
4. An alien authorized to work until (e	xpiration date, if applicable, r	nm/dd/yyyy):	The broken transfer of the county supply and			
Some aliens may write "N/A" in the e				-		
1. Alien Registration Number/USCIS NumOR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:	ber:		-			
			Today's Date	e (mm/dd	(УУУУ)	
Signature of Employee			1			
Preparer and/or Translator Ce I did not use a preparer or translator. (Fields below must be completed and sattest, under penalty of perjury, that knowledge the information is true and	A preparer(s) and/or training and when preparers and the cases are the cases and the cases are the c	nsiator(s) assisted d/or translators	assist an emplo	yee in c	ompleting	Section 1.)
Preparer and/or Translator Ce I did not use a preparer or translator. (Fields below must be completed and s attest, under penalty of perjury, tha	A preparer(s) and/or training and when preparers and the cases are the cases and the cases are the c	nsiator(s) assisted d/or translators	assist an emplo section 1 of thi	yee in c s form a	ompleting	Section 1.) to the best of m
Preparer and/or Translator Ce I did not use a preparer or translator. (Fields below must be completed and sattest, under penalty of perjury, that knowledge the information is true and	A preparer(s) and/or training and when preparers and the cases are the cases and the cases are the c	nslator(s) assisted d/or translators completion of S	assist an emplo section 1 of thi	yee in c s form a	ompleting and that	Section 1.) to the best of m



Employer Completes Next Page





Employment Eligibility Verification Department of Homeland Security

USCIS Form I-9 OMB No 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services

Section 2. Employer or (Employers or their authorized reprinust physically examine one docu of Acceptable Documents.)	resentative must co	implete and sign Se	ation 2 within 3	business day	s of the emi	oloyee's fin nent from I	st day of employment. You List C as listed on the "Lists	
Employee Info from Section 1	Last Name (Familia	ly Name)	First Name	e (Given Nam	ne) M	.I. Citiz	enship/Immigration Status	
List A Identity and Employment Aut	OR horization		List B dentity	A	ND	Emp	List C loyment Authorization	
Document Title		Document Title			Documen			
Issuing Authority	Is	Issuing Authority			Issuing Authority			
Document Number	mber Document Number				Document Number			
Expiration Date (if any)(mm/dd/yy)	(y)	Expiration Date (if ar	ny)(mm/dd/yyyy)	Expiration	Date (if a	ny)(mm/dd/yyyy)	
Document Title								
Issuing Authority		Additional Inform	ation				R Code - Sections 2 & 3 Not Write In This Space	
Document Number						Section of the Control of the Contro		
Expiration Date (if any)(mm/dd/yy	(vy)					***************************************		
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yy	(צע							
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	(s) appear to be g k in the United S	genuine and to re tates.	amined the d late to the em	ployee nam	presented ed, and (3)	to the be	st of my knowledge the	
Signature of Employer or Authoriz	ed Representative	Today's	Date(mm/dd/y	yyy) Title	of Employe	r or Author	ized Representative	
Last Name of Employer or Authorized	Representative F	irst Name of Employe	r or Authorized R	epresentative	Employer	's Busines	s or Organization Name	
Employer's Business or Organizat	ion Address (Street	t Number and Name	e) City or To	ΝΠ		State	ZIP Code	
Section 3. Reverification	and Rehires	To be completed	and signed by	employer o	·			
A. New Name (if applicable)					B. Date of	All Property and the Party of t	pplicable)	
Last Name (Family Name)	First Nar	me (Given Name)	Mid	idle Initial	Date (mm/	dd/yyyy)		
C. If the employee's previous gran continuing employment authorizati			ired, provide the	information	for the docu	ment or rec	celpt that establishes	
Document Title		Doc	Document Number			Expiration Date (if any) (mm/dd/yyyy)		
l attest, under penalty of perju the employee presented docu	ry, that to the be ment(s), the docu	st of my knowled ument(s) I have ex	ge, this emplo kamined appe	yee is auth ar to be ger	orized to w nuine and t	ork in the	United States, and if the individual.	
Signature of Employer or Authoriz	ed Representative	Today's Date (n	nm/dd/yyyy)	Name of En	nployer or A	uthorized F	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	DR	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		1. 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 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.	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 DHS AUTHORIZATION Certification of report of birth issued
-7.	that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph	2.	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:	<u> </u>	4. Voter's registration card	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or
	a. Foreign passport; and		U.S. Military card or draft record Military dependent's ID card		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;	7.	7. U.S. Coast Guard Merchant Mariner Card		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 proposed employment is not in conflict with any restrictions or limitations identified on the form. 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		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
			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.		1	10. School record or report card 11. Clinic, doctor, or hospital record 12. 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.