

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.

than the first day of employment, but not	before accepting a job	offer)		1 of Form I-9 no leter
Last Name (Family Name)	First Name (Given Name) Middle Initial	Other 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 Securit	y Number E-mail Addres	S	Tel	ephone Number
am aware that federal law provides for i		ines for false statements	or use of false o	documents in
attest, under penalty of perjury, that I ar A citizen of the United States	n (check one of the fo	llowing):		
A noncitizen national of the United State	es (See instructions)			
A lawful permanent resident (Alien Regi	stration Number/USCIS	S Number):		
An alien authorized to work until (expiration (See instructions)	date, if applicable, mm/dd	/ уууу)	Some aliens may v	write "N/A" in this field.
For aliens authorized to work, provide y	our Alien Registration N	lumber/USCIS Number OR	Form I-94 Admi	ssion Number:
1. Alien Registration Number/USCIS Nu	mber:		<u> </u>	
OR	,		D _O	3-D Barcode Not Write in This Space
2. Form I-94 Admission Number:			50	Not Philothi 1715 Opaci
If you obtained your admission numb States, include the following:	er from CBP in connect	ion with your arrival in the U	Jnited	
Foreign Passport Number.			<u> </u>	
Country of Issuance:				
Some aliens may write "N/A" on the F	Foreign Passport Numb	er and Country of Issuance	fields. (See instr	ructions)
Signature of Employee:			Date (mm/dd/yyy	y):
Preparer and/or Translator Certificat	ion (To be completed i	and signed if Section 1 is pr	repared by a pers	son other than the
attest, under penalty of perjury, that I han nformation is true and correct.	ive assisted in the co	mpletion of this form and	that to the best	of my knowledge the
Signature of Browner or Translator		(1 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	Date	e (mm/dd/yyyy):
Signature of Preparer of Translator.				
Signature of Preparer or Translator: Last Name (Family Name)		First Name (Giver	n Name)	

(Employers or their authorized representative i must physically examine one document from L the "Lists of Acceptable Documents" on the ne issuing authority, document number, and expir	ist A OR exa of page of thi	nine a combi s form. For ea	nation of one	document from	List B and or	ne documen	t from List C as listed on
Employee Last Name, First Name and Midd	le initial fron	Section 1:					
List A Identity and Employment Authorization	OR	List B	• • • •	ANI		List (C Authorization
Document Title:	Docume				Document T		
Issuing Authority:	Issuing A	uthority:			Issuing Auth	ority:	
Document Number.	Documer	nt Number:	• • • •		Document N	lumber:	
Expiration Date (if any)(mm/kld/yyyy):	Expiratio	n Date (if any)(mm/dd/yyyy)	<u> </u>	Expiration D	ate (if any)(mm/dd/yyyy):
Document Title:							
Issuing Authority:							
Document Number.							
Expiration Date (if any)(mm/dd/yyyy):						F	3-D Barcode
Document Title:	7					Do No	ot Write in This Space
Issuing Authority:							į
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):							
Certification							
I attest, under penalty of perjury, that (1 above-listed document(s) appear to be employee is authorized to work in the U	genuine an	d to relate 1					
The employee's first day of employmen	t (mm/dd/y	ууу):		(See instr	uctions fo	r exempti	ons.)
Signature of Employer or Authorized Represent	tative	Date	(mm/dd/yyyy)	Title of E	Employer or a	Authorized I	Representative
Last Name <i>(Family Name)</i>	First Nam	e (Given Nam	18)	Employer's But	siness or Org	ganization N	ame
Employer's Business or Organization Address (Street Numb	er and Name)	City or Town	า		State	Zip Code
Section 3. Reverification and Re	hires (To	be complete	ed and signe	d by employe	or authort	red repres	entative.)
A. New Name (if applicable) Last Name (Family							pplicable) (mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employment					cument from	List A or Lis	t C the employee
Document Title:		Document N	lumber:			Expiration D	ate (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to the the amployee presented document(s), the							
Signature of Employer or Authorized Represen	tative:	Date (mm/d	d/yyyy):	Print Name o	f Employer o	or Authorized	d Representative:

Section 2. Employer or Authorized Representative Review and Verification

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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		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	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	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
4.	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)	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, gender, height, eye color, and address 	2.	by the Department of State (Form
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	4 . 5 .	School ID card with a photograph Voter's registration card U.S. Military card or draft record	3. 4.	issued by the Department of State (Form DS-1350) Original or certified copy of birth
	b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 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		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document	5 .	certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		9. F	Driver's license issued by a Canadian government authority For persons under age 18 who are		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United
M th I-9 no	conflict with any restrictions or limitations identified on the form. 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	10.	unable to present a document listed above: School record or report card Clinic, doctor, or hospital record	8.	States (Form I-179) Employment authorization document issued by the Department of Homeland Security
			Day-care or nursery school record		

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.