

Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

during completion of this form. Employers are liable for errors in the completion of this form.

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,

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.

an individual because the documentation of the commentation of the	ion and Attes	tation (Employees n					
han the first day of employment, but Last Name (Family Name)	First Name (G			Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)	Apt.	Number	City or Towr			State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number	ber Employee's E-mail Address			Employee's Telephone Number			
am aware that federal law provides connection with the completion of t attest, under penalty of perjury, tha	nis form.				or use of	f false do	cuments in	
1. A citizen of the United States								
2. A noncitizen national of the United S	States (See instructi	ons)						
3. A lawful permanent resident (Alie	n Registration Numl	ber/USCIS	Number):					
4. An alien authorized to work until (Some aliens may write "N/A" in the Aliens authorized to work must provide of An Alien Registration Number/USCIS Num 1. Alien Registration Number/USCIS Num OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance: Signature of Employee	expiration date field nly one of the follow mber OR Form I-94	(See insti ina docum	ructions) ent numbers to	o complete Form I-Foreign Passport N	umber.		QR Code - Section 1 b Not Write In This Space	
Preparer and/or Translator C I did not use a preparer or translator. (Fields below must be completed and attest, under penalty of perjury, the knowledge the information is true a Signature of Preparer or Translator	A preparer(s) signed when pre at I have assiste) and/or tra parers an	nslator(s) assis d/or translato	sted the employee in ors assist an emp	loyee in his form	completin	ng Section 1.) to the best of my	
Signature of Preparer of Translator								
Last Name (Family Name)			First N	ame (Given Name,)			



Employer Completes Next Page





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Section 2. Employer or (Employers or their authorized rep must physically examine one docu of Acceptable Documents.")	resentative must	complete and	d sian Sectio	n 2 within 3 busine	ss days of	the employ	ee's fir. t from l	st day of employment. You List C as listed on the "Lists	
Employee Info from Section 1	Last Name (Fa	mily Name)		First Name (Give	n Name)	M.I.	Citize	enship/Immigration Status	
List A Identity and Employment Au	OF thorization	2	List Iden		AND		Emp	List C loyment Authorization	
Document Title		Document 7	Γitle		Do	cument Tit	le		
Issuing Authority		Issuing Auth	nority		Iss	uing Autho	rity		
Document Number	4	Document N	Number		Do	cument Nu	ımber		
Expiration Date (if any)(mm/dd/yy	Expiration Date (if any)(mm/dd/yyyy)				Expiration Date (if any)(mm/dd/yyyy)				
Document Title									
Issuing Authority		Additiona	ıl Informatio	on				R Code - Sections 2 & 3 Not Write In This Space	
Document Number									
Expiration Date (if any)(mm/dd/yy	yy)								
Document Title									
Issuing Authority									
Document Number	1								
Expiration Date (if any)(mm/dd/yy	ryy)								
Certification: I attest, under p (2) the above-listed document employee is authorized to wo The employee's first day of	(s) appear to b rk in the United	e genuine a States.	nd to relate	e to the employee	ent(s) pres e named, a See instra	ind (3) to	the be	st of my knowleage the	
Signature of Employer or Authoriz	zed Representati	ve .	Today's Da	te (mm/dd/yyyy)	Title of E	mployer or	Author	ized Representative	
Last Name of Employer or Authorized	Representative	First Name o	f Employer or	Authorized Represer	ntative Er	mployer's E	Busines	s or Organization Name	
Employer's Business or Organiza	tion Address (Str	eet Number a	and Name)	City or Town		S	tate	ZIP Code	
Section 3. Reverification	and Rehires	(To be con	npleted and	d signed by emplo	oyer or au	thorized n	eprese	entative.)	
A. New Name (if applicable)						B. Date of Rehire (if applicable)			
Last Name (Family Name)	First I	Name (Given	Name)	Middle Ini	tial Dat	e (<i>mm/dd/</i> y	<i>'</i> yyy)		
C. If the employee's previous gran continuing employment authorizat	nt of employment	authorization	has expired	, provide the inform	nation for th	e documer	nt or red	ceipt that establishes	
Document Title		p. 51.234 2310		ent Number		Exp	iration	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

Today's Date (mm/dd/yyyy)

the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. Name of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Document Title

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	D	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	rt;			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, 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 (Forms
5.	I-766) 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:		4. 5. 6.	School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
	 (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 conflict with any restrictions or limitations identified on the form 		9.	Native American tribal document	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179) 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		10 11 12				

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.