**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 <i>(Given Name)</i> |                          |         | 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 Secu | ırity Num                      | ber                      | Employe | ee's E-mail Addr | ess                            | E | mployee's <sup>-</sup> | 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/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 expiration date field. (See ins  | structions)              |                        |                     |  |
| Aliens authorized to work must provide only one of the following docun<br>An Alien Registration Number/USCIS Number OR Form I-94 Admissio |                          |                        |                     | QR Code - Section 1<br>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/do    | <i>\</i> /yyyy)     |  |
| Preparer and/or Translator Certification (check or  | ne):                     | 1                      |                     |  |
| I did not use a preparer or translator.   | anslator(s) assisted the | e employee in completi | ng Section 1        |  |
| (Fields below must be completed and signed when preparers ar  | nd/or translators as     | sist an employee in o  | completing          | Section 1.)                                    |
| I attest, under penalty of perjury, that I have assisted in the   | completion of Sec        | tion 1 of this form    | and that t          | o the best of my                               |
| knowledge the information is true and correct.  |                          |                        |                     |  |
| knowledge the information is true and correct.<br>Signature of Preparer or Translator   |                          | Today's                | Date ( <i>mm/</i> a | d/yyyy)  |
|   | First Name (             |                        | Date <i>(mm/</i> a  | d/yyyy)  |

STOP

[STOP]



## **Employment Eligibility Verification**

### **Department of Homeland Security**

#### U.S. Citizenship and Immigration Services

|                                       | resentative mus | st complete and sign Sectio | n 2 within 3 business a | lays of the emp                      | loyee's first day of employment. You<br>nent from List C as listed on the "Lists |  |  |  |
|---------------------------------------|-----------------|-----------------------------|-------------------------|--------------------------------------|--|--|--|--|
| Employee Info from Section 1          | Last Name (Fa   | amily Name)                 | First Name (Given Na    | ame) M.                              | I. Citizenship/Immigration Status  |  |  |  |
| List A<br>Identity and Employment Aut | -               | DR List<br>Iden             |                         | AND                                  | List C<br>Employment Authorization   |  |  |  |
| Document Title                        |                 | Document Title              |                         | Document                             |  |  |  |  |
| Issuing Authority                     |                 | Issuing Authority           |                         | Issuing Au                           | thority  |  |  |  |
| Document Number                       |                 | Document Number             |                         | Document                             | Document Number  |  |  |  |
| Expiration Date (if any)(mm/dd/yyyy)  |                 | Expiration Date (if any)(i  | mm/dd/yyyy)             | Expiration Date (if any)(mm/dd/yyyy) |  |  |  |  |
| Document Title                        |                 |                             |                         |                                      |  |  |  |  |
| Issuing Authority                     |                 | Additional Information      | n                       |                                      | QR Code - Sections 2 & 3<br>Do Not Write In This Space                           |  |  |  |
| Document Number                       |                 |                             |                         |                                      |  |  |  |  |
| Expiration Date (if any)(mm/dd/yyy    | <i>(y</i> )     |                             |                         |                                      |  |  |  |  |
| Document Title                        |                 |                             |                         |                                      |  |  |  |  |
| Issuing Authority                     |                 |                             |                         |                                      |  |  |  |  |
| Document Number                       |                 |                             |                         |                                      |  |  |  |  |
| Expiration Date (if any)(mm/dd/yy)    | <i>(y)</i>      |                             |                         |                                      |  |  |  |  |

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  |  |  | f Employer or Authorized Representative |                    |              | ative  | e Employer's Business or Organization Name |                                       |               |  |
| Employer's Business or Organization Address (Street Number and   |  |  |   | Name) City or Town |              |  | State                                      | 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 I       |              |  | B. Date of R                               | Rehire (if applicable)                |               |  |
| Last Name (Family Name)     First Name (Given Name)  |  |  | Name)                                   |                    | Middle Initi | al   | Date (mm/d                                 | ld/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    |              |  | E  | 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 D   |  |  | Date (mm/o                              | dd/yyyy,           | Name         | Name of Employer or Authorized Representative  |  |                                       | epresentative |  |

## 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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization |   | OR | LIST B<br>Documents that Establish<br>Identity<br>AN |  |    | LIST C<br>Documents that Establish<br>Employment Authorization  |  |  |  |
|---|---|----|--|--|----|---|--|--|--|
| 2.  | U.S. Passport or U.S. Passport Card<br>Permanent Resident Card or Alien<br>Registration Receipt Card (Form I-551)<br>Foreign passport that contains a<br>temporary I-551 stamp or temporary<br>I-551 printed notation on a machine-<br>readable immigrant visa<br>Employment Authorization Document<br>that contains a photograph (Form | -  |  | Driver's license or ID card issued by a<br>State or outlying possession of the<br>United States provided it contains a<br>photograph or information such as<br>name, date of birth, gender, height, eye<br>color, and address<br>ID card issued by federal, state or local<br>government agencies or entities,<br>provided it contains a photograph or<br>information such as name, date of birth, | 1. | <ul> <li>A Social Security Account Number<br/>card, unless the card includes one of<br/>the following restrictions:</li> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH<br/>INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH<br/>DHS AUTHORIZATION</li> <li>Certification of report of birth issued<br/>by the Department of State (Forms</li> </ul> |  |  |  |
| 5.  | I-766)<br>For a nonimmigrant alien authorized<br>to work for a specific employer<br>because of his or her status:<br><b>a.</b> Foreign passport; and  | -  | 4.<br>5.   | gender, height, eye color, and address<br>School ID card with a photograph<br>Voter's registration card<br>U.S. Military card or draft record  | 3. | DS-1350, FS-545, FS-240)  |  |  |  |
|   | <ul> <li>b. Form I-94 or Form I-94A that has<br/>the following:</li> <li>(1) The same name as the passport;<br/>and</li> <li>(2) An endorsement of the alien's</li> </ul>   | 7  |  | Military dependent's ID card<br>U.S. Coast Guard Merchant Mariner<br>Card<br>Native American tribal document   |    | •   |  |  |  |
|   | (2) An endorsement of the alter's<br>nonimmigrant status as long as<br>that period of endorsement has<br>not yet expired and the<br>proposed employment is not in<br>conflict with any restrictions or<br>limitations identified on the form.   |    |  | <ul> <li>Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> </ul>  |    | Resident Citizen in the United<br>States (Form I-179)<br>Employment authorization<br>document issued by the<br>Department of Homeland Security  |  |  |  |
| 6.  | Passport from the Federated States of<br>Micronesia (FSM) or the Republic of<br>the Marshall Islands (RMI) with Form<br>I-94 or Form I-94A indicating<br>nonimmigrant admission under the<br>Compact of Free Association Between<br>the United States and the FSM or RMI  |    | 11.  | School record or report card<br>Clinic, doctor, or hospital record<br>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.