

## **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.

	t, but not before accepting a jo			
Last Name (Family Name)	First Name (Given Nam	me) Middle Initial	Other Names Us	sed (if any)
Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Soc	ial Security Number E-mail Addre	ress		elephone Number
am aware that federal law provi		r fines for false statements	or use of false	e documents in
attest, under penalty of perjury,	that I am (check one of the	following):		
A citizen of the United States				
A noncitizen national of the Uni	ted States (See instructions)			
A lawful permanent resident (A	ien Registration Number/USC	IS Number):		
An alien authorized to work until (e (See instructions)	xpiration date, if applicable, mm/d	dd/yyyy)	Some aliens may	y write "N/A" in this field.
For aliens authorized to work, p	rovide your Alien Registration	Number/USCIS Number OF	R Form I-94 Adn	nission Number:
1. Alien Registration Number/U	SCIS Number:		Г	
OR			D	3-D Barcode o Not Write in This Space
2. Form I-94 Admission Number	r:			<b> </b>
If you obtained your admissic States, include the following:	on number from CBP in connec	ction with your arrival in the l	Jnited	
Foreign Passport Number:				
Country of Issuance:				
	on the Foreign Passport Numb		fields. (See ins.	tructions)
Signature of Employee:	Date (mm/dd/yy			
			J	
Preparer and/or Translator Ce employee.)	rtification (To be completed	and signed if Section 1 is pr	epared by a per	rson other than the
attest, under penalty of perjury, t nformation is true and correct.	hat I have assisted in the co	ompletion of this form and	that to the bes	t of my knowledge the
			Dat	te (mm/dd/yyyy):
Signature of Preparer or Translator:				
ast Name (Family Name)		First Name (Giver	Name)	

Employer Completes Next Page



## Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: AND List C OR List B List A **Employment Authorization** Identity and Employment Authorization Identity Document Title: Document Title: Document Title: Issuing Authority: Issuing Authority: Issuing Authority: Document Number: Document Number: Document Number: Expiration Date (if any)(mm/dd/yyyy): Expiration Date (if any)(mm/dd/yyyy): Expiration Date (if any)(mm/dd/yyyy): Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 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. (See instructions for exemptions.) The employee's first day of employment (mm/dd/yyyy): Date (mm/dd/yyyy) Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Employer's Business or Organization Name First Name (Given Name) Last Name (Family Name) State Zip Code Employer's Business or Organization Address (Street Number and Name) City or Town Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Expiration Date (if any)(mm/dd/yyyy): Document Number: Document Title: 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. Print Name of Employer or Authorized Representative: Signature of Employer or Authorized Representative: Date (mm/dd/yyyy):

## 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  Al	ND	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		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.	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 Birth Abroad issued 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 b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and	4. 5. 6. 7.	School ID card with a photograph  Voter's registration card		FS-545)  Certification of Report of Birth issued by the Department of State (Form DS-1350)  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
nonimmigrathat period not yet exp proposed e conflict with	(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.	10.	Driver's license issued by a Canadian government authority  or persons under age 18 who are unable to present a document listed above:	6. 7. 8. I	Native American tribal document U.S. Citizen ID Card (Form I-197)  Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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		School record or report card  Clinic, doctor, or hospital record  Day-care or nursery school record		Employment authorization document issued by the Department of Homeland Security

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.