Instructions

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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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.

| documentation presented has a future expiration | on date may also constitu | ıte illegal discrimin | ation. | | | | |
|--|---------------------------|-----------------------|--|----------|-------------------------------|--------------------|--|
| Section 1. Employee Information than the first day of employment, but no | | | ust complete and | sign Se | ection 1 of | Form I-9 no later | |
| Last Name (Family Name) 💽 | First Name (Given Name | Middle Initial (2) | dle Initial ③ Other Last Names Used (if any) ③ | | | | |
| Address (Street Number and Name) 💽 | Apt. Number | ② City or Town | ? | | State (?) | ZIP Code 🖲 | |
| Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address | | | | | Employee's Telephone Number 💿 | | |
| I am aware that federal law provides for connection with the completion of this | | or fines for fals | se statements or | use of | false do | cuments in | |
| I attest, under penalty of perjury, that I | am (check one of th | e following box | (es): | | | | |
| 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/USCIS Number): (() | | | | | | | |
| 4. An alien authorized to work until (exp | | | | _ | | | |
| Some aliens may write "N/A" in the example. | · | , | | | QR | C Code - Section 1 | |
| Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. | | | | | | | |
| 1. Alien Registration Number/USCIS Number: OR | | | | | | | |
| 2. Form I-94 Admission Number: 🖲 | | | | | | | |
| OR | | | | | | | |
| 3. Foreign Passport Number: Country of Issuance: | | | | | | | |
| Country of Issuance. | | | | | | | |
| Signature of Employee (?) | | | Today's Date | (mm/dd/ | ⁽ уууу) 📵 | | |
| Preparer and/or Translator Cert | ification (check o | one): 🕐 | | | | | |
| I did not use a preparer or translator. | A preparer(s) and/or t | | | | - | | |
| (Fields below must be completed and sig | * * | | | | • • | | |
| I attest, under penalty of perjury, that I knowledge the information is true and | | completion of | Section 1 of this | s torm a | and that t | o the best of my | |
| | | | | | s Date (mm/dd/yyyy) 💿 | | |
| Last Name (Family Name) 🕙 | | First Nan | ne (Given Name) 🛚 |) | | | |
| Address (Street Number and Name) | | City or Town 🕙 | | | State (1) | ZIP Code 🕙 | |
| | Clie | ck to Finish | | | l | | |
| | STOP Employer C | Completes Next I | Page STOP | | | | |

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| Section 2. Employer or a (Employers or their authorized repr must physically examine one docur of Acceptable Documents.") | resentative must | complete and | d sign Section | n 2 within 3 busine | ess days of the | | | | | |
|--|--|---------------|----------------|-------------------------|---------------------|-------------------------|--|--|--|--|
| Employee Info from Section 1 | Last Name (Fa | mily Name) [| ?) | First Name (Given Name) | | | Citizenship/Immigration Status | | | |
| List A Identity and Employment Auti | | OR | | List B Identity | | List C | | | | |
| Document Title (?) | IOTIZACION | Document T | | ity | Docum | nent Title (| Employment Authorization | | | |
| Issuing Authority 💽 Issuing Authority | | nority 🕐 | | | Issuing Authority 💽 | | | | | |
| Document Number | | Document N | lumber | .r Dod | | | ocument Number (*) | | | |
| Expiration Date (if any) (mm/dd/yy) | xpiration Date (if any) (mm/dd/yyyy) Expiration Date | | | mm/dd/yyyy)🕑 | tion Date | (if any) (mm/dd/yyyy) 💽 | | | | |
| Document Title 💽 | | | | | | | | | | |
| Issuing Authority (*) | - | Additiona | l Information | n 🕐 | | | QR Code - Sections 2 & 3 Do Not Write In This Space | | | |
| Document Number (*) | | | | | | | | | | |
| Expiration Date (if any) (mm/dd/yy) | /y) 🕙 | | | | | | | | | |
| Document Title 💽 | $\neg \neg$ | | | | | | | | | |
| Issuing Authority® | | | | | | | | | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any) (mm/dd/yy | vy) 🕙 | | | | | | | | | |
| 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 e | mployment (n | nm/dd/yyyy | y): 🕐 | (| See instructi | ons for o | exemptions) | | | |
| Signature of Employer or Authorize | d Representativ | 'e 🕐 | Today's Dat | e (mm/dd/yyyy)🕑 | Title of Emplo | oyer or Au | nthorized Representative 🕐 | | | |
| Last Name of Employer or Authorized | Representative | First Name of | Employer or A | uthorized Represent | tative 🕐 Emplo | yer's Bus | iness or Organization Name 💿 | | | |
| Employer's Business or Organization | on Address (Stre | et Number a | nd Name) | City or Town 🕑 | , | State | e ③ ZIP Code ③ | | | |

Click to Finish

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| Employee Name from Section 1: | Last Name (Family Name) First | | | First N | ame (Give | Middle Initial (?) | | |
|--|--------------------------------|------------------|---------------------------|----------|---------------------------------------|-----------------------|--------|--|
| Section 3. Reverification and Re | hires (To be comple | eted and signe | d by emp | loyer o | r authoriz | ed representative.) | | |
| A. New Name (if applicable) 🕑 | | | | | B. Date of Rehire (if applicable) | | | |
| Last Name (Family Name) 🖲 | First Name (Given Nan | ne) 🕐 | Middle Initial Date (mm | | /dd/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 📳 | Document Number 3 | | | | Expiration Date (if any) (mm/dd/yyyy) | | | |
| 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 Repres | entative 🕐 Today's Da | ate (mm/dd/yyyy) |) 🕐 Nam | ne of Em | nployer or A | Authorized Representa | tive 🕑 | |
| | | | | | | | | |

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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 | OR | LIST B Documents that Establish Identity AN | LIST C Documents that Establish Employment Authorization | | |
|---|----|---|--|--|--|
| 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 I-766) | | 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 | 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 2. Certification of report of birth issued 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: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: The same name as the passport; | | 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 | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. 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. | | 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. 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. 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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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