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 N			ame <i>(Given Name)</i>			Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Ni	umber City or Town				State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Secu	ırity Num	ber	Employe	ee's E-mail Addro	ess	E	mployee's ⊺	Felephone 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 Numb	er):				
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/	уууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	truction	s)		-		
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio						QR Code - Section 1 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	e (<i>mm/dd</i> /	(уууу)	
Preparer and/or Translator Certification (check o	ne):					
I did not use a preparer or translator.	inslator((s) assisted the	employee in	completin	g Section 1	
(Fields below must be completed and signed when preparers an	nd/or tra	anslators ass	sist an emplo	oyee in c	ompleting	Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	compl	etion of Sect	tion 1 of th	is form a	ind that t	o the best of my
Signature of Preparer or Translator				Today's E)ate <i>(mm/</i> o	d/yyyy)
Last Name <i>(Family Name)</i>		First Name (G	Given Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Section 2 Employer or Authorized Penresentative Peview and Verification

mployee Info from Section 1	ne (Family Name)	First Name (Giv	ven Name) N	1.1. Citizenship/Immigration Status			
List A Identity and Employment Authorizatior	OR	List B Identity	AND	List C Employment Authorization			
Document Title	Document Title		Documer	it Title			
suing Authority	Issuing Authorit	у	Issuing A	ssuing Authority			
ocument Number	Document Num	ber	Documer	Document Number			
xpiration Date (if any)(mm/dd/yyyy)	Expiration Date	(if any)(mm/dd/yyyy)	Expiration	Expiration Date (if any)(mm/dd/yyyy)			
ocument Title							
suing Authority	Additional In	formation		QR Code - Sections 2 & 3 Do Not Write In This Space			
ocument Number							
xpiration Date (if any)(mm/dd/yyyy)							
ocument Title							
Document Title ssuing Authority							

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 of			Employer or Authorized Representative			ative	Employer's Business or Organization Name			
Employer's Business or Organization Address (Street Number ar				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)					E	B. Date of Rehire (if applicable)				
Last Name (Family Name) First Name (Given Na			Name)		Middle Initi	al I	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			Docume	Document Number			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	of Emp	mployer or Authorized Representative			

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	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 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	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 Certification of report of birth issued 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			School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card	3.	DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	 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 			U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority		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)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.			For persons under age 18 who are unable to present a document listed above:		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		11.	 School record or report card Clinic, doctor, or hospital record 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.