

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.

than the first day of employment, but not before accepting a job offer.) Last Name (Family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any) Address (Street Number and Name) Apt. Number 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 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):	ner										
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 imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.	per										
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.	oer										
connection with the completion of this form.											
i attest, under penalty of perjury, that I am (check one of the following boxes):											
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/USCIS 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 instructions) QR 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. Do 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/dd/yyyy)											
Today 3 Date (min/da/yyyy)											
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)											
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of r knowledge the information is true and correct.	ny										
Signature of Preparer or Translator Today's Date (mm/dd/yyyy)											
Last Name (Family Name) First Name (Given Name)											
Address (Street Number and Name) City or Town State ZIP Code											

ST0F

Employer Completes Next Page

STOP

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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

of Acceptable Documents.")									
Employee Info from Section 1	ast Name <i>(Fa</i>	amily Name)		First Nan	ne (<i>Given Nar</i> r	ne) f	M.I. Citiz	zenship/Immigration Status	
List A Identity and Employment Author	O rization	R	List Iden		Α	ND	Em	List C ployment Authorization	
Document Title		Document Tit	le			Docume	nt Title		
Issuing Authority		Issuing Autho	rity			Issuing A	Authority		
Document Number	Document Number				Docume	Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Da	te (if any) (mm/dd/yy	yy)	Expiration	n Date <i>(if</i>	any) (mm/dd/yyyy)	
Document Title	\neg								
Issuing Authority	$\neg \neg$	Additional	Informatio	n				QR Code - Sections 2 & 3 o Not Write In This Space	
Document Number	$\neg \neg$								
Expiration Date (if any) (mm/dd/yyyy)									
Document Title	\neg								
Issuing Authority	\neg								
Document Number	$\neg \neg$								
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. 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 Re	nrocentativo	First Name of E	Employer or /	Authorized	Ponrocontativo	Employe	r'a Busina	ess or Organization Name	
Last Name of Employer of Authorized Ne	presentative	I list Ivallic of L	imployer or r	Additionized	representative	Linploye		DCDE	
Employer's Business or Organization 200 Kalmus Drive	Address (Str	reet Number and	d Name)	City or To	Mesa		State CA	ZIP Code 92626	
Section 3. Reverification ar	nd Rehires	(To be comp	leted and	signed b	y employer c	or authoriz	ed repres	sentative.)	
A. New Name (if applicable)						B. Date of	Rehire (if	applicable)	
Last Name (Family Name)	First I	Name <i>(Given Na</i>	ame)	М	iddle Initial	Date (mm	/dd/yyyy)		
C. If the employee's previous grant of continuing employment authorization is				provide th	ne information	for the docu	ument or re	eceipt that establishes	
Document Title	· ·	<u> </u>	1	nt Numbe	r		Expiration	n Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, the employee presented docume	nt(s), the do	cument(s) I h							
Signature of Employer or Authorized	Representati	ve Today's [Date (mm/d	ld/yyyy)	Name of En	nployer or A	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 AN	ND	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		1. 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		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
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		2. 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.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 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		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID 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
	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 not yet expired and the proposed employment is not in conflict with any restrictions or		 U.S. Coast Guard Merchant Mariner Card Native American tribal document 	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
			Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document		Resident Citizen in the United States (Form I-179) Employment authorization document issued by the
6.	limitations identified on the form. 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		Department of Homeland Security

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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