

Employment Eligibility Verification

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

Department of Homeland Security

U.S. Citizenship and Immigration Services

▶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.

Section 1. Employee Information and A than the first day of employment, but not before a			and sign S	ection 1 o	f Form I-9 no later		
Last Name (Family Name) First Na	ame (Given Name) Middle Initial	Other Nam	es 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	E-mail Addres	s		Teleph	one Number		
am aware that federal law provides for impriso connection with the completion of this form.	nment and/or f	ines for false statements	or use of	false dod	cuments in		
l attest, under penalty of perjury, that I am (chec	k one of the fo	llowing):					
A citizen of the United States							
A noncitizen national of the United States (See instructions)							
A lawful permanent resident (Alien Registration Number/USCIS Number):							
An alien authorized to work until (expiration date, if a (See instructions)	applicable, mm/do	l/yyyy)	. Some alie	ns may writ	e "N/A" in this field.		
For aliens authorized to work, provide your Alie	n Registration l	Number/USCIS Number O l	R Form /-9	4 Admissi	on Number:		
Alien Registration Number/USCIS Number:_ OR				Do No	3-D Barcode of Write in This Space		
2. Form I-94 Admission Number:							
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:							
Foreign Passport Number:							
Country of Issuance:							
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)							
Signature of Employee:			Date (mn	n/dd/yyyy):			
Preparer and/or Translator Certification (To employee.)	o be completed	and signed if Section 1 is p	prepared b	y a persor	other than the		
l attest, under penalty of perjury, that I have ass information is true and correct.	isted in the co	mpletion of this form and	i that to th	e best of	my knowledge the		
Signature of Preparer or Translator:				Date (r	mm/dd/yyyy):		
Last Name (Family Name)	And the second s	First Name (Give	en Name)				
Address (Street Number and Name)	······································	City or Town		State	Zip Code		
STOP	Employer Co	mpletes Next Page	STOP				

(Employers or their authorized representative must physically examine one document from the "Lists of Acceptable Documents" on the n issuing authority, document number, and exp.	List A OR exa ext page of th	mine a combi is form. For e	nation of one o	document fr	om List B and	i one documen	t from List C as listed on
Employee Last Name, First Name and Mid	die initial from	m Section 1:					
List A identity and Employment Authorization	OR	List B		-	AND	List (C Authorization
Document Title:	Docume				Documer		
ssuing Authority:	Issuing	Authority:			Issuing A	uthority:	
Document Number:	Docume	nt Number:			Documer	nt Number:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	on Date (if any)(mm/dd/yyyy)):	Expiration	n Date (if any)(mm/dd/yyyy):
Document Title:							
ssuing Authority:							
Document Number:							
Expiration Date (if any)(mm/dd/yyyy):							3-D Barcode
Document Title:						Do No	t Write in This Space
ssuing Authority:							
Document Number:							_
Expiration Date (If any)(mm/dd/yyyy):							
Certification attest, under penalty of perjury, that (bove-listed document(s) appear to be employee is authorized to work in the The employee's first day of employme	genuine at United State	nd to relate es.		oyee nam	ed, and (3)		f my knowledge the
Signature of Employer or Authorized Represe			(mm/dd/yyyy)			or Authorized I	
				r			
ast Name (Family Name)	First Nan	ne (Given Nan	ne)	Employer's	Business or	Organization N	ame
Employer's Business or Organization Address	(Street Numl	ber and Name	City or Tow	n		State	Zip Code
Section 3. Reverification and R	ehires (Ta	be complet	ed and signe	d by empl	oyer or auth	orized repres	entative.)
A. New Name (if applicable) Last Name (Fam	ily Name) Fire	st Name <i>(Give</i>	en Name)	Middle	Initial B. Date	e of Rehire (if a	pplicable) (mm/dd/yyyy)
If employee's previous grant of employment presented that establishes current employm					e document fr	rom List A or Lis	t C the employee
Document Title:		Document				Expiration D	ate (if any)(mm/dd/yyyy)
attest, under penalty of perjury, that to ne employee presented document(s), th							
Signature of Employer or Authorized Represe	entative:	Date (mm/c	dd/yyyy):	Print Nar	ne of Employe	er or Authorized	I Representative:

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Section 2. Employer or Authorized Representative Review and Verification

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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	DE.	LIST B Documents that Establish Identity AN	I D	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-	1.	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	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
4.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)	2.	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 Birth Abroad issued by the Department of State (Form FS-545)
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	8. I	,		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
	the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as		U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian	5.	territory of the United States bearing an official seal
	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.	. 1	For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)
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		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.