



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.

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 Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)					Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number			Telephone Number	

1. Complete your personal information

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):

- A citizen of the United States
 - A noncitizen national of the United States
 - A lawful permanent resident of the United States
 - An alien authorized to work until (expiration date) (See instructions)
- For aliens authorized to work, provide your Form I-94 Admission Number:

2. Check the appropriate citizenship box and add any required identifying information

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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 (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that to the best of my knowledge the information is true and correct.

3. Sign and date

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code

STOP Employer Completes Next Page **STOP**

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: _____

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
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: _____	<div style="background-color: #4CAF50; color: white; padding: 10px; border: 1px solid black;"> Examples: WIT ID and Social Security Card OR WIT ID and Birth Certificate </div>	
Issuing Authority: _____		
Document Number: _____		
Expiration Date (if any)(mm/dd/yyyy): _____		
Barcode in This Space		
Document Title: _____		
Issuing Authority: _____		
Document Number: _____		
Expiration Date (if any)(mm/dd/yyyy): _____		

If you are a US citizen or permanent resident with a US passport, that is all that is required.

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 name (Last name, first name, and middle initial, if applicable) _____ (List all names and any nicknames.)

Signature of Employer or Authorized Representative: _____

Last Name (Family Name) _____

Employer's Business Name _____

Zip Code _____

Section 3. Review of Documents

A. New Name (if applicable) _____ (if applicable) (mm/dd/yyyy): _____

C. If employee's previous document(s) presented that establish identity for List C the employee

Document Title: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
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4. Bring ORIGINAL documentation (i.e., NO copies, faxes, emails, NO exceptions)

5. Bring in EITHER one item from List A or one item from List B AND one item from List C.

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: _____	Date (mm/dd/yyyy): _____	Print Name of Employer or Authorized Representative: _____
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