

Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

| 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. | | | | | | | | | | han the first | |
|--|--|-----------|---|---|---|-------------|------------------------|--------------|-----------------------------|----------------------|---------------|
| Last Name (Family Name) | | First Nan | First Name (Given Name) Middle Initial (if any) Other La | | | Other Las | st Names Used (if any) | | | | |
| Address (Street Number and Name) | | Apt. Nu | pt. Number (if any) City or To | | /n | | State | ZI | P Code | | |
| Date of Birth (mm/dd/yyyy) | Date of Birth (mm/dd/yyyy) U.S. Social Security Number | | | Employee's Email Address | | | | | Employee's Telephone Number | | |
| provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box | | | n of the l tizen nat l perman tizen (otl n Numbe | original powers to attest to your citizenship or immigration status (See United States e United States national of the United States (See Instructions.) anent resident (Enter USCIS or A-Number.) other than Item Numbers 2. and 3. above) authorized to work ber 4., enter one of these: OR Form I-94 Admission Number OR Today's Date (mm/dd/y | | | | | Intil (exp. date, if any) | | |
| | | | | | | | | | | | |
| If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3. | | | | | | | | | | | |
| Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. | | | | | | | | | | | |
| | | List A | | OR | Li | st B | | AND | | List C | |
| Document Title 1 | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | | | | | | | | |
| Document Title 2 (if any) | | | | Add | ditional Informati | ion | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | | | | | | | | |
| Document Title 3 (if any) | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | | | Check here if you us | sed an alte | ernative proc | edure author | ized by DHS | 3 to exami | ne documents. |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | | | | | | | |
| Last Name, First Name and Title of Employer or Authorized Represe | | | presenta | ative | Signature of Employer or Authorized Representative | | | /e | Today's [| Date (mm/dd/yyyy) | |
| Employer's Business or Organization Name | | | Emp | oloyer's | ver's Business or Organization Address, City or Town, State, ZIP Code | | | | | | |

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a

combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity | | LIST B | LIST C | | | |
|--|----|---|--|--|--|--|
| and Employment Authorization | OR | Documents that Establish Identity Al | ND Documents that Establish Employment Authorization | | | |
| 1. U.S. Passport or U.S. Passport Card | | Driver's license or ID card issued by a State or outlying possession of the United States | A Social Security Account Number card, unless the card includes one of the following restrictions: | | | |
| 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) | | 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 | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION | | | |
| | | name, date of birth, gender, height, eye color, and address | 2. Certification of report of birth issued by the | | | |
| For an individual temporarily authorized to work for a specific employer because of his or her status or parole: | | 3. School ID card with a photograph | Department of State (Forms DS-1350, FS-545, FS-240) | | | |
| | | 4. Voter's registration card | 3. Original or certified copy of birth certificate | | | |
| a. Foreign passport; and | | 5. U.S. Military card or draft record | issued by a State, county, municipal authority, or territory of the United States | | | |
| b. Form I-94 or Form I-94A that has the following: | | 6. Military dependent's ID card | bearing an official seal 4. Native American tribal document | | | |
| (1) The same name as the | | 7. U.S. Coast Guard Merchant Mariner Card | 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) | | | |
| passport; and (2) An endorsement of the | | 8. Native American tribal document | | | | |
| individual's status or parole as long as that period of | | Driver's license issued by a Canadian government authority | | | | |
| endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or | | For persons under age 18 who are unable to present a document listed above: | 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and | | | |
| limitations identified on the form. | | 10. School record or report card | Section 13 of the M-274 on uscis.gov/i-9-central. | | | |
| 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. Clinic, doctor, or hospital record | The Form I-766, Employment | | | |
| | | 12. Day-care or nursery school record | Authorization Document, is a List A, Item Number 4. document, not a List C document. | | | |
| | | Acceptable Receipts | - | | | |
| May be prese | | l in lieu of a document listed above for a For receipt validity dates, see the M-274. | | | | |
| Receipt for a replacement of a lost, stolen, or damaged List A document. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. | | | |
| Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. | | Ŭ | | | | |
| Form I-94 with "RE" notation or refugee stamp issued to a refugee. | | | | | | |

*Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.