

# **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.

Last Name (Family Name)  First Name (Given 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  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/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)	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.)										
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):  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)	er Last Names Used <i>(if any)</i>										
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OR 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.											
1. Alien Registration Number/USCIS Number:  OR											
2. Form I-94 Admission Number:  OR											
3. Foreign Passport Number:											
Country of Issuance:											
Company of Francisco											
Signature of Employee Today's Date (mm/dd/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 my knowledge the information is true and correct.											
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											





STOP



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# **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

## 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.")	none nom List	TOTAL COMM	mation of one	accarrion i	rom Elot B and	a one accar	none nom Er	ot o do notod on the Lists		
Employee Info from Section 1	Last Name (	Family Name)		First Name	e (Given Name	e) M	I.I. Citizen	ship/Immigration Status		
List A Identity and Employment Aut		OR	List Iden		AN	ND	Emplo	List C byment Authorization		
Document Title		Document	Title			Documen	t Title			
Issuing Authority	Issuing Au	Issuing Authority				Issuing Authority				
Document Number	Document	Document Number				Document Number				
Expiration Date (if any) (mm/dd/yy	yy)	Expiration	Date (if any) (	mm/dd/yyy	/)	Expiration	n Date <i>(if an</i> )	y) (mm/dd/yyyy)		
Document Title										
Issuing Authority		Addition	al Informatio	n				Code - Sections 2 & 3 of Write In This Space		
Document Number										
Expiration Date (if any) (mm/dd/yy	yy)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any) (mm/dd/yy	уу)									
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 e			уу):		(See in	struction	s for exem	nptions)		
Signature of Employer or Authorize	ed Representa	ative	Today's Dat	e ( <i>mm/dd/</i> y	ryyy) Title o	of Employe	r or Authoriz	ed Representative		
Last Name of Employer or Authorized	Representative	First Name	of Employer or A	Authorized R	epresentative	Employer	's Business	or Organization Name		
Employer's Business or Organizati	on Address (S	Street Number	and Name)	City or To	wn		State	ZIP Code		
Section 3. Reverification	and Rehire	es (To be co	mpleted and	signed by	employer or	authorize	d represen	itative.)		
A. New Name (if applicable)		B. Da			te of Rehire <i>(if applicable)</i>					
Last Name (Family Name)	n Name)	ame) Middle Initial [			Date (mm/dd/yyyy)					
C. If the employee's previous grant continuing employment authorization				provide the	information fo	or the docu	ment or rece	ipt that establishes		
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 Date (mm/dd/yyyy) Name of Employer or Authorized Representative							epresentative			

# 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	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-		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  D card issued by federal, state or local		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)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address  3. School ID card with a photograph	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 the following:  (1) The same name as the passport; and		<ol> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> </ol>	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
(1)			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)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the	9			Identification Card for Use of Resident Citizen in the United States (Form I-179)  Employment authorization
6.	proposed employment is not in conflict with any restrictions or limitations identified on the form.  Passport from the Federated States		For persons under age 18 who are unable to present a document listed above:	7.	document issued by the Department of Homeland Security
	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		<ul><li>10. School record or report card</li><li>11. Clinic, doctor, or hospital record</li><li>12. Day-care or nursery school record</li></ul>		

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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