Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Print Name: Last	rmation and Verification. To be completed and signed by employee at the time employment begins.					
FINE Name. Last	First		Middle Initial	Maiden Name		
Address (Street Name and Number)		<u> </u>	Apt.#	Date of Birth (month/day/year)		
City	State					
	State		Zip Code	Social Security #		
m aware that federal law provides for I attest, under penalty of p			perjury, that I am (ch	eck one of the following):		
imprisonment and/or fines for false state	ments or	A lawful name	ional of the United Sta	ates		
ise of false documents in connection with	the	A lawful permanent resident (Alien #) A An alien authorized to work until				
completion of this form.		(Alice # 4 1	zed to work until			
imployee's Signature		(Alien # or Adm	ission #)			
				Date (month/day/year)		
Preparer and/or Translator Certification enalty of perjury, that I have assisted in the completion	. (To be componed of this form	leted and signed if Section 1 and that to the best of my kn	is prepared by a pers	son other than the employee.) I attest, under		
Preparer's/Translator's Signature Print Name						
Address (Street Name and Number, City, Sta	te 7in Code			·		
to the man was tramber, City, 514	ire, zip Coue)			Date (month/day/year)		
List A	OR	Liet R	ARTY			
List A	1	List B	AND	·		
List A	<u>:</u>	List B				
List A cocument title: suing authority:						
List A						
List A cocument title: suing authority: cocument #: Expiration Date (If any):						
Socument title: ssuing authority: Socument #: Expiration Date (if any): Expiration Date (if any):				List C		
List A Document title: Suring authority: Document #: Expiration Date (if any): Expiration Date (if any): EXTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gent	perjury, tha	t I have examined the d	ocument(s) presen	List C		
List A document title: suing authority: occument #: Expiration Date (if any): comment #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be generonth/day/year) and that to	perjury, tha	t I have examined the d elate to the employee n	ocument(s) presen	List C		
List A Document title: Suring authority: Document #: Expiration Date (if any): Expiration Date (if any): EXTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gent	perjury, tha aine and to r the best of n aployee bega	t I have examined the d elate to the employee n ny knowledge the emplo n employment.)	ocument(s) presen	List C Atted by the above-named employee, the ployee began employment on fork in the United States. (State		
List A Document title: String authority: Document #: Expiration Date (if any): COCUMENT #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gentle above-listed document(s) appear to that to imployment agencies may omit the date the en	perjury, tha aine and to r the best of n aployee bega	t I have examined the d elate to the employee n	ocument(s) presen	List C		
List A Document title: String authority: Document #: Expiration Date (if any): COCUMENT #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gentle above-listed document(s) appear to that to imployment agencies may omit the date the en	perjury, tha sine and to r the best of n aployee bega	t I have examined the d elate to the employee n ny knowledge the emplo n employment.)	ocument(s) presen	List C Atted by the above-named employee, the ployee began employment on fork in the United States. (State		
List A socument title: suing authority: ocument #: Expiration Date (if any): ocument #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gent anonth/day/year) and that to apployment agencies may omit the date the emprature of Employer or Authorized Representative usiness or Organization Name and Address (Street National Street Nati	perjury, tha nine and to r the best of n nployee bega Print	t I have examined the delate to the employee noisy knowledge the employment.) Name The content of the content	locument(s) presen amed, that the em oyee is eligible to w	List C Atted by the above-named employee, the ployee began employment on fork in the United States. (State		
List A socument title: suing authority: ocument #: Expiration Date (if any): ocument #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be genuenth/day/year) and that to apployment agencies may omit the date the engrature of Employer or Authorized Representative usiness or Organization Name and Address (Street National Control of Street National Control of Stree	perjury, tha nine and to r the best of n nployee bega Print	t I have examined the delate to the employee noisy knowledge the employment.) Name The content of the content	locument(s) presen amed, that the em oyee is eligible to w	List C Inted by the above-named employee, the ployee began employment on work in the United States. (State Title Date (month/day/year)		
List A ocument title: suing authority: ocument #: Expiration Date (if any): ocument #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of e above-listed document(s) appear to be gent and that to apployment agencies may omit the date the engrature of Employer or Authorized Representative siness or Organization Name and Address (Street National Control of Street National Organization Name and Reverification. To New Name (if applicable)	perjury, tha nine and to r the best of n nployee bega Print me and Number	t I have examined the delate to the employee many knowledge the employment.) Name Tr. City. State, Zip Code) ted and signed by employee.	locument(s) present amed, that the employee is eligible to we have a solower.	List C Atted by the above-named employee, the ployee began employment on york in the United States. (State Title Date (month/day/year)		
List A ocument title: suing authority: ocument #: Expiration Date (if any): ocument #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of e above-listed document(s) appear to be gent and that to apployment agencies may omit the date the enternature of Employer or Authorized Representative siness or Organization Name and Address (Street National Control of Street National Organization Name and Reverification. To New Name (if applicable)	perjury, tha nine and to r the best of n nployee bega Print me and Number	t I have examined the delate to the employee many knowledge the employment.) Name Tr. City. State, Zip Code) ted and signed by employee.	locument(s) present amed, that the employee is eligible to we have a solower.	List C Atted by the above-named employee, the ployee began employment on york in the United States. (State Title Date (month/day/year)		
List A socument title: suing authority: ocument #: Expiration Date (if any): ocument #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be gent and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative issuess or Organization Name and Address (Street National Street Na	perjury, tha aine and to r the best of n aployee bega Print me and Number be comple	t I have examined the delate to the employee not not be employed in employment.) Name Tr. City, State, Zip Code ted and signed by employed the information below in the contract of the con	locument(s) present amed, that the employee is eligible to we have a solower. B. Date of Reference that	List C		
List A Document title: Strong authority: Document #: Expiration Date (if any): COCUMENT #: Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): ERTIFICATION - I attest, under penalty of the above-listed document(s) appear to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): EXPIRITED AND INCOME. EXPIRATION - I attest, under penalty of the above-listed document(s) appear to be generated to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): EXPIRITED AND INCOMENTATION - I attest, under penalty of the above-listed document(s) appear to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): EXPIRITED AND INCOMENTATION - I attest, under penalty of the above-listed document(s) appear to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): EXPIRITED AND INCOMENTATION - I attest, under penalty of the above-listed document(s) appear to be generated and that to imployment agencies may omit the date the engrature of Employer or Authorized Representative Expiration Date (if any): EXPIRITED AND INCOMENTATION - I attest, under penalty of the above-listed document(s) appear to be generated and the above-listed document (s) appear to be generated and the above-listed document (s) appear to be generated and the above-listed document (s) appear to be generated and the above-listed document (s) appear to be generated and the above-listed document (s) appear to be generated and the above-listed and the above-listed and the above-listed and the above-listed	perjury, that aline and to rethe best of maployee began Print me and Number of be completed as expired, promoved a	t I have examined the delate to the employee many knowledge the employment.) Name Tr., City. State, Zip Code) ted and signed by employee the information below the informatio	locument(s) present amed, that the employee is eligible to we blower. B. Date of Refer that the document that	List C		

LISTS OF ACCEPTABLE DOCUMENTS

ĭ	T	e.	r	4
				•

Documents that Establish Both

LIST B

Documents that Establish

LIST C

	Identity and Employment Eligibility	Documents that Establish Identity OR	Documents that Establish Employment Eligibility AND
1.	U.S. Passport (unexpired or expired)	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	U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
	An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4.	4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
5.	5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status	6. Military dependent's ID card	6. ID Card for use of Resident
		 U.S. Coast Guard Merchant Mariner Card 	Citizen in the United States (Form I-179)
		8. Native American tribal document	7. Unexpired employment
	authorizes the alien to work for the employer	Driver's license issued by a Canadian government authority	authorization document issued by DHS (other than those listed under List A)
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor or hospital record	
		12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)