

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

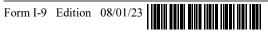
OMB No.1615-0047 Expires 07/31/2026

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 Instructions.

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

Section 1. Employee														<u> </u>		
day of employment,							Oyees	must comp	icic ai	iu si	giic	Jectio	11 1 01 1 0	11111-511	io iai	ei illali ille ili si
Last Name (Family Name) First N				First Na	rst Name (Given Name)					Middle Initial (if any) Other Las				t Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if an				nny) City or Town					State		ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sect			urity Number Employee's Email Address							Employee's Telephone Number						
I am aware that federa provides for imprison fines for false stateme	ment a		_	one of th		•		•	izenship	or im	nmigra	ation st	atus (See _l	page 2 and	d 3 of t	the instructions.):
use of false documents, in				A noncitizen national of the United States (See Instructions.)												
connection with the co					A lawful permanent resident (Enter USCIS or A-Number.)											
of perjury, that this int	format	ion,		I. A nonc	citizen (ot	her th	nan Item	Numbers 2.	and 3. al	bove)	auth	orized	to work unt	il (exp. dat	te, if a	ny)
including my selection attesting to my citizen			If you	check Iter	m Numbe	er 4.,	enter or	e of these:								
immigration status, is			U	SCIS A-N	umber	OF	Form	I-94 Admissi	on Num	ber	OR	Foreig	ın Passpo	rt Number	and (Country of Issuance
correct.																
Signature of Employee										Tod	lay's l	Date (n	nm/dd/yyyy	")		
If a preparer and/or to	ranslat	or assist	ed you	in compl	eting Se	ction	1, that	person MUST	comple	ete th	e <u>Pre</u>	eparer	and/or Tra	nslator C	ertific	ation on Page 3.
Section 2. Employer business days after the eauthorized by the Secret documentation in the Advanced by the Sec	employ arv of l	ee's firs DHS. do	t day o cumer ation b	f employ ntation fro ox; see I	ment, a om List <i>i</i>	nd m A OF ons.	nust phy R a com	sically exam bination of d	nine, or locume	ntativ exar ntatio	ve m nine on fro	consisom Lis	stent with it B and L	nd sign S o an a l tern ist C. En	ative ter ar	procedure ny additional
			List	Α		OF	۲	Lis	st B			AN	ID		Lis	t C
Document Title 1																
Issuing Authority																
Document Number (if any)																
Expiration Date (if any)																
Document Title 2 (if any)						Α	ddition	al Informati	on							
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	ed an a	Iterna	tive p	orocedu	ıre authoriz	•		kamine documents.
Certification: I attest, undesigned employee, (2) the above-list best of my knowledge, the	sted do	cumenta	ition ap	pears to	be genui	ine a	nd to re	late to the em						First Da (mm/dd	-	mployment :
Last Name, First Name and Title of Employer or Authorized Representation				epresenta	ative	S	ignature of En	nployer	or Aut	horiz	ed Rep	resentative)	Toda	y's Date (mm/dd/yyyy)	
Employer's Business or Orga	anizatio	n Name			Em	ploye	er's Busin	ness or Organi	zation A	ddres	ss, Cit	ty or To	own, State,	ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.



LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

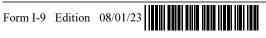
* Documents extended by the issuing authority are considered unexpired.

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		LIST B	LIST C		
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity ANI	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		
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Decument		provided it contains a photograph or information such as name, date of birth,	restrictions: (1) NOT VALID FOR EMPLOYMENT		
		gender, height, eye color, and address 2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION		
		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color,	(3) VALID FOR WORK ONLY WIT DHS AUTHORIZATION		
4. Employment Authorization Document that contains a photograph (Form I-766)		and address	Certification of report of birth issued by the Department of State (Forms DS-1350,		
5. For an individual temporarily authorized to work for a specific employer because		3. School ID card with a photograph	FS-545, FS-240)		
of his or her status or parole:		4. Voter's registration card	Original or certified copy of birth certificate issued by a State, county, municipal		
a. Foreign passport; and		5. U.S. Military card or draft record	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		
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	Native American tribal document		
passport; and (2) An endorsement of the		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)		
individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)		
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		
limitations identified on the form.		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or		11. Clinic, doctor, or hospital record	uscis.gov/i-9-central		
		· · · · · ·	The Form I-766, Employment Authorization Document, is a List A, Item		
Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Number 4. document, not a List C document.		
	<u> </u>	Acceptable Receipts	I		
May be prese	ntec	d in lieu of a document listed above for a te	emporary period.		
		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. 					
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.



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Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1 .

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

Signature of Preparer or Translator	Date (mr	Date (mm/dd/yyyy)					
Last Name (Family Name)	First	Name (Given Name)			Middle Initial (if any)		
Address (Street Number and Name)		City or Town		State	ZIP Code		
I attest, under penalty of perjury, that I hav knowledge the information is true and corr		completion of Section	n 1 of this form	and that t	to the best of my		
Signature of Preparer or Translator				Date (mm/dd/yyyy)			
Last Name (Family Name)	Name (Given Name)		Middle Initial (if any)				
Address (Street Number and Name)		City or Town			ZIP Code		
I attest, under penalty of perjury, that I hav knowledge the information is true and corr		completion of Section	1 1 of this form	and that t	to the best of my		
Signature of Preparer or Translator	Date (mm/dd/yyyy)						
Last Name (Family Name)	First	Name (Given Name)	I		Middle Initial (if any)		
Address (Street Number and Name)	1	City or Town			ZIP Code		
I attest, under penalty of perjury, that I hav knowledge the information is true and corr		completion of Section	n 1 of this form	and that	to the best of my		
Signature of Preparer or Translator				Date (<i>mm/dd/yyyy</i>)			
Last Name (Family Name)	First	Name (Given Name)	l		Middle Initial (if any)		
Address (Street Number and Name)		City or Town		State	ZIP Code		