

## **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 Inf than the first day of employm				and sign Sed	ction 1 of	Form I-9 no later
Last Name (Family Name)	First Name (Given Name) Middle Initial Other Names Used (if any)					
Address (Street Number and Name	e)	Apt. Number	City or Town	St	ate	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address					Telephone Number	
l am aware that federal law pr connection with the completion		ment and/or f	ines for false statements	or use of fa	alse doc	uments in
l attest, under penalty of perju	ıry, that I am (check	one of the fo	ollowing):			
A citizen of the United State	s					
A noncitizen national of the	United States (See in	nstructions)				
A lawful permanent residen	t (Alien Registration N	Number/USCIS	S Number):			
An alien authorized to work un (See instructions)	til (expiration date, if ap	plicable, mm/dd	//yyyy)	Some aliens	may write	e "N/A" in this field.
For aliens authorized to wo	rk, provide your Alien	Registration I	Number/USCIS Number <b>O</b> l	R Form I-94	Admissio	on Number:
1. Alien Registration Number	er/USCIS Number:					
OR					3-D Barcode Do Not Write in This Space	
2. Form I-94 Admission Nur	nber:					
If you obtained your adm States, include the follow		BP in connect	tion with your arrival in the	United		
Foreign Passport Num	ber:					
Country of Issuance: _						
Some aliens may write "N	I/A" on the Foreign P	assport Numb	er and Country of Issuance	e fields. (See	e instruct	ions)
Signature of Employee: Date (mr					n/dd/yyyy):	
Preparer and/or Translator employee.)	r Certification (To	be completed	and signed if Section 1 is p	repared by a	a person	other than the
l attest, under penalty of perjuinformation is true and correc		sted in the co	mpletion of this form and	that to the	best of	my knowledge the
ignature of Preparer or Translator:					Date (mm/dd/yyyy):	
ast Name (Family Name) First Name (Given Name)						
Address (Street Number and Name	e)		City or Town		State	Zip Code
	STOP B	Emplover Co	mpletes Next Page	STOP		

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