

## **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.

Last Name (Family Name)	Ac SACREN OF EL SELVIN, CO. L.	t not before accepting a job offer.)  First Name (Given Name)  M			A.C.I. H. J. W. J. C. L. W. L.			
3.00	i nortyd				Middle Initial Other Names Used (if any)			
Address (Street Number and Name)		Apt. Number	City or Town		[5	State	Zip Code	
Date of Birth (mm/dd/yyyy) U.S. Socia	al Security Number	E-mail Addres	SS	· · · · · · · · · · · · · · · · · · ·		Telep	phone Number	
am aware that federal law provid	es for imprisor	ment and/or f	ines for false	Statements	or use of i	inless de		
	· and torm.				or use or r	aise ac	cuments in	
attest, under penalty of perjury, t  A citizen of the United States	nat I am (chec	one of the fo	llowing):					
A noncitizen national of the Unite	ed States (See i	astructions)						
A lawful permanent resident (Alie			Number):					
An alien authorized to work until (ex (See instructions)	piration date, if ap	plicable, mm/dd/	уууу)		Some aliens	may wri	te "N/A" in this field.	
For aliens authorized to work, pro	ovide your Alien	Registration N	umber/USCIS	Number <b>O</b> R	Perm LOA	Admina	ion Alumba	
1. Alien Registration Number/US	CIS Number:			- Canada	(1 01111 1-94)	Mariissi	on wurnber:	
OR				,		Do N.	3-D Barcode	
2. Form I-94 Admission Number:			<del></del>			DOMO	ot Write in This Spa	
If you obtained your admission States, include the following:	number from C	BP in connection	on with your ar	ival in the U	Jnited			
Foreign Passport Number: _						<u> </u>		
Country of Issuance:					<del></del>			
Some aliens may write "N/A" or	n the Foreign Pa	ssport Number	and Country	of Issuance	fields. (See	instruct	ions)	
Signature of Employee: Date (mm/								
eparer and/or Translator Cert	ification (To be	2 complete d						
reparer and/or Translator Cert	vacion (10 De	<del>, comple</del> tea an	iu signed it Sec	tion 1 is pre	epared by a	person	other than the	
itest, under penalty of perjury, the ormation is true and correct.	at I have assist	ed in the com	pletion of this	form and t	hat to the b	est of i	my knowledge the	
nature of Preparer or Translator:						Date (m.	m/dd/yyyy):	
st Name <i>(Family Name)</i>	-		First N	lame (Given	Name)			
trace (Street North		<del> </del>	24		— - <sub>1 -</sub>			
dress (Street Number and Name)		IC	City or Town		1.04	ate	Zip Code	

## 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: List A OR List B AND List C Identity and Employment Authorization Identity **Employment Authorization** Document Title: Document Title: Document Title: Issuing Authority: Issuing Authority Issuing Authority: Document Number: Document Number: Document Number: Expiration Date (if any)(mm/dd/yyyy): Expiration Date (if any)(mm/dd/yyyy): Expiration Date (if any)(mm/dd/yyyy): Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Document Title: Do Not Write in This Space Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 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 employment (mm/dd/yyyy): (See instructions for exemptions.) Signature of Employer or Authorized Representative Date (mm/dd/yyyy) Title of Employer or Authorized Representative Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name Employer's Business or Organization Address (Street Number and Name) City or Town Zip Code Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy). C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Document Title: 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.

Date (mm/dd/yyyy):

Signature of Employer or Authorized Representative:

Print Name of Employer or Authorized Representative:

## 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	LIST B  Documents that Establish Identity  A	LIST C Documents that Establish Employment Authorization ND
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	<ol> <li>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</li> </ol>	A Social Security Account Number card, unless the card includes one of the following restrictions:     (1) NOT VALID FOR EMPLOYMENT
4.	temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa	<ul> <li>color, and address</li> <li>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,</li> </ul>	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  2. Certification of Birth Abroad issued
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	<ul><li>gender, height, eye color, and address</li><li>3. School ID card with a photograph</li><li>4. Voter's registration card</li></ul>	by the Department of State (Form FS-545)  3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	<ul> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport; and</li> </ul>	<ol> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
(2) An endorsement of the alien's nonimmigrant status as long at that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or	(2) An endorsement of the alien's nonimmigrant status as long as	<ul><li>8. Native American tribal document</li><li>9. Driver's license issued by a Canadian</li></ul>	<ul><li>5. Native American tribal document</li><li>6. U.S. Citizen ID Card (Form I-197)</li></ul>
	not yet expired and the proposed employment is not in	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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	10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.