

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)		ob offer.)	AND CONCESSOR OF THE	ddie Initial	10.5-	Loot Mos-	a Hood /# and	
Last Name (Family Name)	First Name (Given Nai	MI	ude initial	Othe	r Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City or	Town			State	ZIP Code	
ate 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 connection with the completion of this	form.				or use	of false de	ocuments in	
attest, under penalty of perjury, that l	am (check one of th	e followir	g boxes):					
1. A citizen of the United States								
2. A noncitizen national of the United State	es (See instructions)							
3. A lawful permanent resident (Alien R	egistration Number/USCI	S Number)						
4. An alien authorized to work until (expine Some aliens may write "N/A" in the exp			y): 					
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number	er OR Form I-94 Admissio						R Code - Section 1 lot Write In This Space	
Alien Registration Number/USCIS Numbe OR	r:							
2. Form I-94 Admission Number:								
OR								
3. Foreign Passport Number: Country of Issuance:								
Signature of Employee	Today's Date (mm/dd/yyyy)							
Fields below must be completed and sig.	A preparer(s) and/or to ned when preparers a	anslator(s) nd/or tran	slators assi	ist an emp	loyee in	completin	g Section 1.)	
attest, under penalty of perjury, that I knowledge the information is true and		completi	on of Sect	ion 1 of th	nis form	and that	to the best of my	
Signature of Preparer or Translator					Today's	s Date (mm/	dd/yyyy)	
ast Name (Family Name)		Fi	st Name (G	iven Name)				
		I						





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U.S. Citizenship and Immigration Services

Section 2. Employer or Aut (Employers or their authorized represenmust physically examine one document of Acceptable Documents.")	tative must i	complete and	d sign Sectio	n 2 within 3	business da	ys of the em			
Employee Info from Section 1	t Name (Far	nily Name)		First Name	e (Given Nan	ne) N	и.I. Ci	itizenship/Immigration Status	
List A Identity and Employment Authoriz	OR ation		Lis ¹ Iden		A	ND		List C mployment Authorization	
Document Title		Document 7	itle	*******	· · · · · · · · · · · · · · · · · · ·	Documer	nt Title		
Issuing Authority		Issuing Auti	nority			Issuing A	Authority		
Document Number		Document N	lumber			Docume	nt Numb	er	
Expiration Date (if any) (mm/dd/yyyy)		Expiration D	ate (if any) (/mm/dd/yyyy	y)	Expiratio	n Date (if any) (mm/dd/yyyy)	
Document Title					•••				
Issuing Authority		Additiona	I Informatio	n				QR Code - Sections 2 & 3 Do Not Write In This Space	
Document Number									
Expiration Date (if any) (mm/dd/yyyy)									
Document Title	237 233 233 233 233 233					* evalue			
Issuing Authority									
Document Number						ļ			
Expiration Date (if any) (mm/dd/yyyy)						T CHARLES A STATE OF THE STATE			
Certification: I attest, under penalty (2) the above-listed document(s) ap employee is authorized to work in t The employee's first day of employee	pear to be he United	genuine ar States.	nd to relate		ployee nam	ed, and (3)) to the		
Signature of Employer or Authorized Re	presentative	•	Today's Da	te (mm/dd/y	'yyy) Title	of Employe	er or Autl	horized Representative	
Last Name of Employer or Authorized Repre	sentative	First Name of	Employer or a	Authorized R	epresentative	Employe	er's Busir	ness or Organization Name	
Employer's Business or Organization Ac	dress (Stre	et Number a	nd Name)	City or Tov	VΠ	'	State	ZIP Code	
Section 3. Reverification and	Rehires	(To be com	pleted and	signed by	employer o				
A. New Name (if applicable) Last Name (Family Name)	Firet N	ame (Given I	(Jamo)	Mid	idle Initial	B. Date of Date (mm)		'if applicable)	
Lactionic (Carry Harro)	1 1130 146	anie (Given i	vairie)	Nilo	Idic IIIIIdi	Date (mm)	, ашуууу,		
C. If the employee's previous grant of encontinuing employment authorization in t				provide the	information	for the docu	ment or	receipt that establishes	
Document Title			Docume	Document Number			Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, the the employee presented document(
Signature of Employer or Authorized Re	presentative	e Today's	Date (mm/c	ld/yyyy)	Name of Er	nployer or A	uthorize	d 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.

The state of the s	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	1D	LIST C Documents that Establish Employment Authorization
3.	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- readable immigrant visa Employment Authorization Document that contains a photograph (Form	$\begin{bmatrix} \frac{1}{2} \\ \frac{1}{2} \\ \frac{1}{4} \\ $	 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 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 		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 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms)
5.	I-766) 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;		3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card	4.	certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
1	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:	6. 7.	Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
6.	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	Antititi gritannimova grita	

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

Refer to the instructions for more information about acceptable receipts.