## **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 <a href="Instructions">Instructions</a>.

**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 Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

| <b>Section 1. Employee Information and Attestation:</b> Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.  |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
|--|---------|--|---|--|----------------------------------|-----------|---------|------------|---------------------------|--|----------|---------------|--|
| Last Name (Family Name) First N  |         | irst Name (Given Name)   |   |  | Middle Initial (if any) Other La |           |         | Other Las  | ast Names Used (if any)   |  |          |               |  |
| Address (Street Number an  | d Name) | ļ.   | Apt. Numb                                       | oer (if  | any) City or Tow                 | n         |         |            |                           | State                                  |          | ZIP Code      |  |
| Date of Birth (mm/dd/yyyy)   | U.S. So | cial Security Nun  | nber I  | Emplo  | oyee's Email Addres              | SS        |         |            |                           | Employee                               | e's Tele | ephone Number |  |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.   |         | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):  1. A citizen of the United States |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | 2. A noncitizen national of the United States (See Instructions.)  |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | 3. A lawful permanent resident (Enter USCIS or A-Number.)  |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | 4. A noncitizen (other than <b>Item Numbers 2</b> . and <b>3</b> . above) authorized to work until (exp. date, if any)   |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | If you check <b>Item Number 4.</b> , enter one of these:   |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | USCIS A-I  | JSCIS A-Number OR Form I-94 Admission Number OR |  |                                  |           |         |            | eign Passpo               | assport Number and Country of Issuance |          |               |  |
| Signature of Employee  |         |  |   | •  |                                  |           | Toda    | ay's Date  | (mm/dd/yyy                | y)                                     |          |               |  |
| If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.  |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
| Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions. |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
|  |         | List A   |   | OR   | Li:                              | st B      |         | -          | AND                       |  | List     | t C           |  |
| Document Title 1   |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
| Issuing Authority  |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
| Document Number (if any)   |         |  |   | _  |                                  |           |         |            |                           |  |          |               |  |
| Expiration Date (if any)   |         |  |   | A 4141   | iti 1   - f 1                    |           |         |            |                           |  |          |               |  |
| Document Title 2 (if any)  |         |  |   | Ada  | itional Informati                | ion       |         |            |                           |  |          |               |  |
| 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             | sed an al | Iternat | ive proced | dure authori              |  |          |               |  |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.   |         |  |   |  |                                  |           |         |            |                           |  |          |               |  |
| Last Name, First Name and Title of Employer or Authorized Repr   |         |  | Representativ                                   | tive Signature of Employer or Authorized Representative                    |                                  |           |         | re         | Today's Date (mm/dd/yyyy) |  |          |               |  |
| Employer's Business or Organization Name   |         |  |   | Employer's Business or Organization Address, City or Town, 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 AN  | D Documents that Establish Employment Authorization  |  |  |  |  |
| U.S. Passport or U.S. Passport Card  |    | Driver's license or ID card issued by a State or<br>outlying possession of the United States  | A Social Security Account Number card,<br>unless the card includes one of the following<br>restrictions: |  |  |  |  |
| Permanent Resident Card or Alien<br>Registration Receipt Card (Form I-551)   |    | provided it contains a photograph or<br>information such as name, date of birth,<br>gender, height, eye color, and address          | (1) NOT VALID FOR EMPLOYMEN  |  |  |  |  |
| Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  | -  | ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH                              |  |  |  |  |
| Employment Authorization Document<br>that contains a photograph (Form I-766)   |    | name, date of birth, gender, height, eye color, and address   | DHS AUTHORIZATION  2. Certification of report of birth issued by the                                     |  |  |  |  |
| 5. For an individual temporarily authorized  |    | 3. School ID card with a photograph   | Department of State (Forms DS-1350, FS-545, FS-240)  |  |  |  |  |
| to work for a specific employer because 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 bearing an official seal                                    |  |  |  |  |
| <b>b.</b> Form I-94 or Form I-94A that has the following:  |    | 6. Military dependent's ID card   | Native American tribal document  |  |  |  |  |
| (1) The same name as the   |    | 7. U.S. Coast Guard Merchant Mariner Card   | 5. U.S. Citizen ID Card (Form I-197)   |  |  |  |  |
| passport; and (2) An endorsement of the  |    | 8. Native American tribal document  | 6. Identification Card for Use of Resident   |  |  |  |  |
| individual's status or parole as long as that period of  |    | <ol><li>Driver's license issued by a Canadian government authority</li></ol>  | 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 <u>Section 7</u> and <u>Section 13</u> of the M-274 on <u>uscis.gov/i-9-central</u> .  |  |  |  |  |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the   |    | 11. Clinic, doctor, or hospital record  | The Form I-766, Employment   |  |  |  |  |
| Marshall Islands (RMI) with Form I-94 or<br>Form I-94A indicating nonimmigrant<br>admission under the Compact of Free<br>Association Between the United States<br>and the FSM or RMI |    | 12. Day-care or nursery school record   | Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.              |  |  |  |  |
|  |    | Acceptable Receipts   | 1  |  |  |  |  |
| May be prese   |    | in lieu of a document listed above for a t  | emporary period.   |  |  |  |  |
|  |    | For receipt validity dates, see the M-274.  |  |  |  |  |  |
| Receipt for a replacement of a lost,<br>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<br>refugee stamp issued to a refugee.  |    |   |  |  |  |  |  |

<sup>\*</sup>Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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