

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

Section 1. Employee day of employment,				yees r	nust compl	ete and	sign S	Section 1 of F	orm I-9 n	o late	r than the first	
Last Name (Family Name) First Name			ne (Given Nam	e (Given Name)			Middle Initial (if any) Other La			st Names Used (if any)		
Address (Street Number and Name)			Apt. Number (pt. Number (if any) City or Town			n				ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Number			per Emp	Employee's Email Address					Employee's Telephone Number			
provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. Lattest, under penalty		_	following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)										
including my selection												
attesting to my citizen	If you check Item Number 4., enter one of these:											
immigration status, is true and		USCIS A-Nu		Form	I-94 Admissio	n Numbe		Foreign Passp	eign Passport Number and Country of Issuance			
correct.			OR				OR					
Signature of Employee				Today's Date (mm/dd/					ууу)			
If a preparer and/or to	ranslator assis	ted you in comple	eting Section	1, that p	erson MUST	complete	the Pre	eparer and/or Tr	anslator Ce	ertifica	tion on Page 3.	
Section 2. Employer business days after the e authorized by the Secret documentation in the Ad	employee's firs ary of DHS, do	st day of employs ocumentation fro ation box; see Ir	ment, and mu om List A OR nstructions.	ust phy a com	sically exam bination of do	ine, or ex ocumenta	amine	consistent with	n an altern	ative p ter any	orocedure / additional	
		List A	OR		Lis	t B		AND		List	С	
Document Title 1												
Issuing Authority												
Document Number (if any) Expiration Date (if any)												
			Ad	dition	al Informatio	on						
Document Title 2 (if any)												
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 use	ed an alter	native p	rocedure author			amine documents.	
Certification: I attest, undestinated employee, (2) the above-list best of my knowledge, the	employee is a	ation appears to I uthorized to work	e genuine an in the United	d to rel	ate to the emp	oloyee nai	ned, ar	nd (3) to the	(mm/dd/	ууууу):	ployment	
Last Name, First Name and Title of Employer or Authorized Repre			epresentative	tative Signature of Employer or Authorized Representa				ed Representativ	/e	Today's Date (mm/dd/yyyy)		
Employer's Business or Organization Name			Employer	Employer's Business or Organization Address, City or Town, State, ZIP Code								

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