

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.

Section 1. Employee Information than the first day of employment, but no	n and Attestation (t before accepting a job	Employees mu offer.)	st complete and	d sign Secti	ion 1 o	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Name	Middle Initial	tial Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Number	City or Town		SI	tate	ZIP Code	
Date of Birth (mm/dd/yyyyy) U.S. Social Se	dd/yyyy) U.S. Social Security Number Employee's E-ma		mail Address		Employee's Telephone Number		
I am aware that federal law provides fo connection with the completion of this I attest, under penalty of perjury, that I	form.			or use of fa	lse do	cuments in	
1. A citizen of the United States	am (oneck one of the	TOHOWING DOX					
2. A noncitizen national of the United State	s (See instructions)						
	gistration Number/USCIS	Number):					
4. An alien authorized to work until (expir Some aliens may write "N/A" in the expir							
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number 1. Alien Registration Number/USCIS Number OR 2. Form I-94 Admission Number: OR	OR Form I-94 Admission	ent numbers to co Number OR Fon	mplete Form I-9: eign Passport Nu	mber.		R Code - Section 1 of Write In This Space	
3. Foreign Passport Number:			→ 0.0				
Country of Issuance:							
Signature of Employee			Today's Date (mm/dd/yyyy)				
Preparer and/or Translator Certil i did not use a preparer or translator. (Fields below must be completed and sign attest, under penalty of perjury, that I have been also below must be completed.	A preparer(s) and/or tran ed when preparers and	slator(s) assisted Vor translators	assist an emplo	yee in com	pleting	Section 1.)	
mowledge the information is true and c	orrect.			o ionii and	that tt	of the best of my	
Signature of Preparer or Translator To				Today's Date	day's Date (mm/dd/yyyy)		
ast Name (Family Name)		First Name	e (Given Name)				
Address (Street Number and Name)	C	City or Town		Sta	ate	ZIP Code	

