

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.

Section 1. Employed than the first day of emp		•	Employees must complete offer.)	and sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name)							
Address (Street Number and	i Name)	Apt. Number	City or Town	S	State	Zip Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address				<u>'</u>	Telephone Number		
I am aware that federal la		nment and/or	fines for false statements	or use of t	false doc	uments in	
l attest, under penalty of	perjury, that I am (check	k one of the fo	ollowing):				
A citizen of the United	States						
A noncitizen national of	of the United States (See i	instructions)					
A lawful permanent re	sident (Alien Registration	Number/USCI	S Number):				
An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) Some aliens may write "N/A" in this field. (See instructions)							
For aliens authorized	to work, provide your Alier	n Registration I	Number/USCIS Number O l	R Form I-94	Admissio	on Number:	
1. Alien Registration N	lumber/USCIS Number:						
-	OR				Do No	3-D Barcode t Write in This Space	
2. Form I-94 Admissio	n Number:				DO NO	t write in This Space	
If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:							
Foreign Passport	Number:						
Country of Issuar	nce:						
Some aliens may w	rite "N/A" on the Foreign F	Passport Numb	per and Country of Issuance	e fields. (Se	e instruct	ions)	
Signature of Employee: Date (n					m/dd/yyyy):		
Dranavar and/ar Trans	Notes Costification (To	ha aawawlatad	and signed if Coation 4 is a	wan awad bu			
employee.)	stator Certification (70	be completed	and signed if Section 1 is p	огерагео ву	a person	other than the	
I attest, under penalty of information is true and c		sted in the co	mpletion of this form and	I that to the	e best of	my knowledge the	
Signature of Preparer or Translator:					Date (mm/dd/yyyy):		
Last Name (Family Name) First Name (Given Name)							
Address (Street Number and	Name)		City or Town		State	Zip Code	
l	STOP	Employer Co.	mpletes Next Page	STOP	I	I	

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