

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 and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)					
First Name (Given Name)		Middle Initial	Other Last Names Used (if any)		
Apt. Number City or Town				State	ZIP Code
curity Number Employee's E-mail Address		Iress	Employee's Telephone Number		
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.					
I attest, under penalty of perjury, that I am (check one of the following boxes):					
1. A citizen of the United States					
2. A noncitizen national of the United States (See instructions)					
3. A lawful permanent resident (Alien Registration Number/USCIS Number):					
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,	,	=		Q	R Code - Section 1
•		,			ot Write In This Space
:					
Today's Date (mm			e (<i>mm/dd</i> /	n/dd/yyyy)	
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)					
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.					
Signature of Preparer or Translator Today's				s Date (mm/dd/yyyy)	
	First Nam	First Name (Given Name)			
	City or Town			State	ZIP Code
	Apt. Number Apt. Number Eurity Number I imprisonment and/ofform. am (check one of the ation date, if applicable, ation date field. (See instructions) The of the following documer OR Form I-94 Admissions To A preparer(s) and/or traced when preparers are ave assisted in the	First Name (Given Name) Apt. Number City or Town Apt. Number Employee's E-mail Add r imprisonment and/or fines for false form. am (check one of the following box s (See instructions) gistration Number/USCIS Number): ation date, if applicable, mm/dd/yyyy): ation date field. (See instructions) the of the following document numbers to or OR Form I-94 Admission Number OR Form The Admission Number of the following document numbers to or The Admission Number of the following document n	Apt. Number City or Town City or Town	First Name (Given Name) Apt. Number City or Town City o	First Name (Given Name) Apt. Number City or Town State Apt. Number City or Town State Apt. Number Employee's E-mail Address Employee's Imprisonment and/or fines for false statements or use of false do form. In (check one of the following boxes): See instructions) Gistration Number/USCIS Number): ation date, if applicable, mm/dd/yyyy): ation date field. (See instructions) The of the following document numbers to complete Form I-9: OR Form I-94 Admission Number OR Foreign Passport Number. Today's Date (mm/dd/yyyy) Fication (check one): A preparer(s) and/or translator(s) assisted the employee in completing Section end when preparers and/or translators assist an employee in completing have assisted in the completion of Section 1 of this form and that incorrect. First Name (Given Name)

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Employer Completes Next Page

STOP

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