

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. Employee Information and than the first day of employment, but not before			and sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name) First	mily Name) First Name (Given Name) Middle Initial Other Name				nes Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town	S	tate	Zip Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Num	U.S. Social Security Number E-mail Address			Telephone Number		
I am aware that federal law provides for impris connection with the completion of this form.	sonment and/or	fines for false statements	or use of f	alse dod	cuments in	
I attest, under penalty of perjury, that I am (che	eck one of the fo	ollowing):				
A citizen of the United States						
A noncitizen national of the United States (Se	ee instructions)					
A lawful permanent resident (Alien Registration	on Number/USCI	S Number):				
An alien authorized to work until (expiration date, in (See instructions)	f applicable, mm/do	d/yyyy)	Some aliens	s may writ	e "N/A" in this field.	
For aliens authorized to work, provide your A	lien Registration	Number/USCIS Number OF	R Form I-94	Admissi	on Number:	
1. Alien Registration Number/USCIS Number	:					
OR				Do No	3-D Barcode ot Write in This Space	
2. Form I-94 Admission Number:					·	
If you obtained your admission number from States, include the following:	m CBP in connec	tion with your arrival in the l	Jnited			
Foreign Passport Number:						
Country of Issuance:						
Some aliens may write "N/A" on the Foreig	n Passport Numb	per and Country of Issuance	fields. (Se	e instruc	tions)	
Signature of Employee: Date (mi				m/dd/yyyy):		
Preparer and/or Translator Certification (employee.)	To be completed	and signed if Section 1 is p	repared by	a persor	other than the	
I attest, under penalty of perjury, that I have as information is true and correct.	ssisted in the co	mpletion of this form and	that to the	best of	my knowledge the	
Signature of Preparer or Translator:	ator:				Date (mm/dd/yyyy):	
Last Name (Family Name)	e (Family Name) First Name (Given Name)					
Address (Street Number and Name)		City or Town		State	Zip Code	
STOP	Employer Co.	mpletes Next Page	STOP			

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