

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 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.															
Last Name (Family Name)			First Name	e (Giver	n Nam	ne)		Middle I	nitial (if	fany) Ot	ther Last	Names Us	sed (if	any)	
Address (Street Number and	d Name)		,	Apt. Nur	mber ((if any) City or Tow	n				State		ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. So	cial Sec	curity Numbe	er	Emp	ployee	's Email Addres	ss				Employee	s's Tele	ephone Numb	er
I am aware that federal provides for imprisonn fines for false statemen	1. A citizen of the United States														
use of false documents, in connection with the completion of this form. I attest, under penalty		2. A noncitizen national of the United States (See Instructions.)													
		3. A lawful permanent resident (Enter USCIS or A-Number.)													
of perjury, that this information,			A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)												
including my selection attesting to my citizens		If you	check Item	Numbe	r 4., e	enter o	one of these:								
immigration status, is		U	SCIS A-Nur	mber	OR		m I-94 Admissi	on Numb	er	Foreig	-				ance
correct.		_			Jun							31			
Signature of E	-								Today's	s Date (n	'	(sign h	ere)		
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.															
Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.															
		List	Α		OR		Lis	st B		AND)		List	t C	
Document Title 1															
Document Number (if any)					+	H									
Expiration Date (if any)					Н	\vdash				_					
, , , , , ,					Ad	ditio	nal Informati	on							
Document Title 2 (if any) Issuing Authority					Т								,		
Document Number (if any)					+					(1)	ignhere)				
Expiration Date (if any)					1										
Document Title 3 (if any)					1										
Issuing Authority															
Document Number (if any)															
Expiration Date (if any)						Chec	k here if you us	ed an alte	rnative	procedure	authori				ents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. First Day of Employment (mm/dd/yyyy):															
Last Name, First Name and 1	Title of Employe	er or Aut	thorized Rep	oresenta	tive		Signature of En	nployer or	Authori	ized Repre	esentativ	е	Toda	y's Date (mm/	dd/yyyy)
Employer's Business or Orga	Employer's Business or Organization Name Employer's Business or Organization Address, City or Town, State, ZIP Code														

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	or	Documents that Establish Identity AND	Documents that Establish Employment Authorization
 U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: Form I-94 or Form I-94A that has the following: The same name as the passport; and An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card 	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
May be prese	ntec	I in lieu of a document listed above for a te	emporary period.
		For receipt validity dates, see the M-274.	
 Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
 Form I-94 with "RE" notation or refugee stamp issued to a refugee. 			

^{*}Refer to the Employment Authorization Extensions page on I-9 Central for more information.

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