Sect	1011 1. 6	πρι	ууеч	2 11111	Ommati	on and	Alle	Stati	UII	1. Check for
Section 1. Employee	Information	and A	ttesta	ation (E	Employees m	ust complete a	ınd sign S	ection 1 d	of Form I-9 no later	• Full Leg
han the first day of employment, but not before accepting a job offer.)							• Full Add			
. , , ,			me (Giv	en Name))	Middle Initial		Last Name	s Used (if any)	includir
Doe John A N/A Address (Street Number and Name) Ant Number City or Town State 7IP Code										
Address (Street Number and N	lame)		Apt. N	umber	City or Town	_			ZIP Code	ZIP Cod
123 Main Street			1	Familian	Washingto		-	DC	00000	Date of
Date of Birth (mm/dd/yyyy)	U.S. Social Sec				ee's E-mail Ad				Telephone Number	(MM/D
01/01/1970 1 2 3 - 4 5 - 6 7 8 9 johndoe@email.com 202-123-4567									Social S	
am aware that federal lav			nment	and/or	fines for fals	se statements	or use of	f false do	ocuments in	for e-Ve
attest, under penalty of p	erjury, that I	m (chec	k one	of the fo	ollowing box	es):				Addres
X 1. A citizen of the United States									all option	
2. A noncitizen national of the United States (See instructions)									• If any o	
3. A lawful permanent resident (Alien Registration Number/USCIS Number):								not use		
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):									1100 000	
Some aliens may write "	'N/A" in the expir	ation date	field. (See instru	ictions)				QR Code - Section 1	must w
Aliens authorized to work must An Alien Registration Number 1. Alien Registration Number OR	r/USCIS Number	OR Form							o Not Write in This Space	2. One of the
2. Form I-94 Admission Num	ber:									indicate C
OR										
Foreign Passport Number:						_				3. The Emp
Country of Issuance:						_				Date can be
Signature of Employee /	4.0					Today's D	ate /mm/da	(Anny) Dat	e Employee Completes	employer h
Signature of Employee <i>9ohr</i>	A. Voe					Today s D	ate (minut		tion 1	and the indi
Dranavay and/ay Tran	alatar Carti	fication	n (ala	مم بامد	-1.					
Preparer and/or Tran			,		,	ed the employee	in completi	ng Section	1.	the job offe
(Fields below must be com	, .						,		,	MM/DI
I attest, under penalty of knowledge the information			sisted	in the co	ompletion of	Section 1 of 1	this form	and that	to the pest of my	
Signature of Preparer or Translator Today's Date (mm/dd/yyyy) Date Employee							4. One box			
Last Name (Family Name)	yane D	oe			First Na	me (Given Nam		Complete	s Section 1	whether the
Doe					Jane	(Orreit Hall)	9			Preparer/Tr
Address (Street Number and	Name)			0	City or Town			State	ZIP Code	Preparer/Tr
123 Main Street					Washington	1	DC 00000			that individu
ADDITIONAL INFO	RMATION	<u>:</u>								each of the
 Employee 	s hired on	or bef	ore N	Novem	ber 6, 19	86 do not	need ai	n I-9.		attestat

- All dates need to be written in MM/DD/YYYY format (i.e. 05/31/2018).
- All empty boxes need an "N/A" written.
- Check that form is current (07/17/17 at the bottom left corner & Expires 08/31/2019 at top right corner).
- Employee completes Section 1 no later than first day of work for pay (1st day of employment).
- *The law requires that the employer completes Form I-9 only when the person actually begins working for pay. However, you may complete the form earlier, as long as the person has been offered and has accepted the job. You may not use the Form I-9 process to screen job applicants or to delay the actual start date of work.
- If an employee needs to make a correction, have them draw a line, initial, and date (use same color ink)
- Whiteout cannot be utilized.

- the following:
 - **I** Name
 - ress (PO Box is OK), City, State, and
 - Birth D/YYYY Format)
 - curity # (required rify), Email Telephone # are nal fields.
 - tional fields are , the employee ite "N/A".
- e four attestation t be checked to izenship status.
- oyee's Signature & ompleted once the s made a job offer idual has accepted 6. Date must be in YYYYY format.
- hould be checked employee used a nslator or not. If a nslator was used, I should complete fields below the on statement.

5. Legal Last Name, First Name,

Citizenship/ Immigration Status

Box) including City, State,

& ZIP Code

Section 2: Employer Authorized Representative Section

Section 2. Employer or Authorized Representative Review and Verification

of Acceptable Documents.")	inent non Elst A C	or a combine	ation or one	document nom E	iot D and	rone docume	an non	List O as noted on the Lists		(List # Only)
Employee Info from Section 1	Last Name (Fam Doe	nily Name)		First Name (Give John	en Name	e) M.I. A	Citi	zenship/Immigration Status		
List A Identity and Employment Au Document Title U.S. Passport		Document Tit	List Iden tle		AN			List C ployment Authorization	6. 0	Check for the following: Either <u>1 List A</u> <u>Document</u> OR <u>1 List B</u>
Issuing Authority Department of State Document Number		Issuing Autho				Issuing Aut		+		Document and 1 List C Document
123456789 Expiration Date (if any)(mm/dd/yy 01/01/2020 Document Title Issuing Authority		Expiration Da				Date (if	any)(mm/dd/yyyy) BR Code - Bections 2 & 3 o Not Write in This Space	•	Document Title Issuing Authority Document # Expiration Date in	
Document Number Expiration Date (if any)(mm/dd/yy))))								•	MM/DD/YYYY format Use "N/A" for SSC Expiration Date
Document Title Issuing Authority									•	Cannot use Expired Documents
Document Number									7 Fm	aployee's 1 st Day of Work
Expiration Date (if any)(mm/dd/yy	yy)								for	pay (commencement of
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	(s) appear to be k in the United S	genuine and States.	d to relate	to the employe	e name		the b	est of my knowledge the	_	r or services in exchange for remuneration) in MM/DD/YYYY format
Signature of Employer or Authoriz		1		te(mm/dd/yyyy) nployer etes Section 2	l	of Employer o	r Autho	rized Representative	8. Mus	t Contain the Following:
Last Name of Employer or Authorized Doe		Jane	Employer or a	Authorized Represe	-	Employer's	a's B	ss or Organization Name		Signature of Employer Representative (who
Employer's Business or Organizate 123 Star Spangled W		et Number an	d Name)	City or Town Washingto	on		DC DC	ZIP Code 00000)	viewed documents)
 ADDITIONAL INFORMATION: Acceptable List A, B, and C Documents can be found on Page 3 of Form I-9. If a minor (under age 18) is unable to provide a List B Document for Section 2, write "individual under age 18" at the top of the I-9 and only require a List C document. Employer has 3 business days from the date of hire (i.e., commencement of labor or 									•	Today's Date in MM/DD/YYYY Format Fitle of Employer/Rep Last Name First Name Business Name
	 services in exchange for remuneration) to complete Section 2 of the Form I-9. If Section 2 is completed after the employee accepts the job offer but before he or she 									Business Address (no P.O.

If the employer representative needs to make a correction, they should draw a line, initial, and date (use same color ink)

date, cross out the expected start date and write in the correct start date. Date and initial the correction.

will begin employment for wages or other remuneration, enter the date the employee

expects to begin such employment. If the employee begins employment on a different

Whiteout cannot be utilized.

Section 3: Reverification and Rehires Section

9. Only sign Section 3 (Below) if a Reverification or Rehire is necessary. The signature in this section only pertains to Section 3 and is <u>not</u> required if the rest of Section 3 is not completed.

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)								
A. New Name (if applicable)	B. Date of Rehire (if applicable)							
Last Name (Family Name)	ne) Middle Initial Date		Date (mm	Date (mm/dd/yyyy)				
Doe	A Da		Date En	Date Employee Begins Employment				
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.								
Document Title		Document Number			Expiration Date (if any) (mm/dd/yyyy)			
EAD		ABC0000000000			01/01/2020			
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.								
Signature of Employer or Authorized Repres	ate (mm/dd/yyyy) Name o		me of Employer or Authorized Representative					
Jane Doe		es Section 3	Jane Doe	Jane Doe				

List of Acceptable Documents for Section 2

Click here to view examples of the acceptable documents (listed below).

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	ID	LIST C Documents that Establish Employment Authorization
3.	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		 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 	2.	by the Department of State (Forms
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and		3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document	4.	DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status 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 issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
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		 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 07/17/17 N Page 3 of 3

ADDITIONAL RESOURCES

Each of the following clickable links direct to the United States Citizenship and Immigration Services (USCIS) website. The USCIS is a division of the United States Department of Homeland Security and is charged with the administration of the nation's lawful immigration system, which includes Form I-9 compliance.

Form I-9 Resources

- <u>I-9 Central</u> USCIS Hub for all information concerning Form I-9.
- Examples of Acceptable Documents A list of all acceptable documents for I-9 purposes is available on Page 3 of Form I-9. Examples of these documents are available for viewing on this web page.
- Questions & Answers Commonly asked Form I-9 Questions and Answers
- <u>Form I-9 Instructional Resources</u> Additional learning opportunities from USCIS, including brief instructional videos, webinars, and more.

Downloadable Forms

- <u>Current Form I-9</u> Click here to download a .PDF copy of the current Form I-9.
- <u>Instructions for Form I-9 (English)</u> Click here to download .PDF instructions for Form I-9 in English.
- <u>Instructions for Form I-9 (Spanish)</u> Click here to download .PDF instructions for Form I-9 in Spanish.