

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.

,		5 1	,	,		1, 3		,	3	, ,		
Section 1. Employee day of employment,				ees must comple	ete and si	gn Section	on 1 of Fo	orm I-9 no	later than	the first		
Last Name (Family Name)		First Name	First Name (Given Name)		Middle Initial (if any) Other		Other Last	Last Names Used (if any)				
Address (Street Number ar	nd Name)	A	pt. Number (if a	any) City or Town				State	ZIP Co	de		
Date of Birth (mm/dd/yyyy)	U.S. Soc	cial Security Number	r Emplo	yee's Email Address	i			Employee's	s Telephone N	Number		
I am aware that federa provides for imprison fines for false stateme	ment and/or	_	ollowing boxes of the United S	to attest to your citiz	enship or in	nmigration s	status (See _l	page 2 and	3 of the instru	ictions.):		
use of false document		2. A noncitiz	2. A noncitizen national of the United States (See Instructions.)									
connection with the co	3 A lawful r	3. A lawful permanent resident (Enter USCIS or A-Number.)										
this form. I attest, und												
	of perjury, that this information, 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)											
including my selection		If you check Item I	Number 4 ont	or one of those:								
attesting to my citizen		_				1		4.51				
immigration status, is	true and	USCIS A-Nun	OR	orm I-94 Admissio	n Number	OR	gn Passpo	rt Number	and Country	of Issuance		
correct.												
Signature of Employee					Too	day's Date (mm/dd/yyyy	′)				
If a preparer and/or to	anslator assist	ed you in completi	ng Section 1, 1	that person MUST	complete th	ne Preparer	and/or Tra	inslator Ce	rtification 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 A	OR	Lis	t B	A	ND		List C			
Document Title 1												
Issuing Authority												
Document Number (if any)												
Expiration Date (if any) Document Title 2 (if any)			Addi	itional Informatio	n							
Issuing Authority												
Document Number (if any)												
Expiration Date (if any)												
Document Title 3 (if any)												
Issuing Authority												
Document Number (if any)												
Expiration Date (if any)				heck here if you use	d an alterna	ative proced	ure authoriz	zed by DHS	to examine d	ocuments.		
Certification: I attest, under employee, (2) the above-list best of my knowledge, the	sted documenta	ition appears to be	genuine and t	to relate to the emp		,		First Day (mm/dd/)	of Employme yyyy):	∍nt		
Last Name, First Name and	Title of Employe	r or Authorized Repi	resentative	Signature of Emp	oloyer or Au	thorized Re	presentative		Today's Date	(mm/dd/yyyy)		
Employer's Business or Orga	anization Name		Employer's I	Business or Organiza	ation Addres	ss, City or T	own, State,	ZIP Code				

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

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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 AN	Documents that Establish Employment				
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information.	A Social Security Account Number card, unless the card includes one of the following restrictions: NOT YALD FOR EMPLOYMENT				
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	-	information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it	(1) NOT VALID FOR EMPLOYMEN (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH				
Employment Authorization Document that contains a photograph (Form I-766)		contains a photograph or information such as name, date of birth, gender, height, eye color, and address	DHS AUTHORIZATION 2. Certification of report of birth issued by the				
5. For an individual temporarily authorized to work for a specific employer because		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)				
of his or her status or parole:		4. Voter's registration card	Original or certified copy of birth certificate issued by a State, county, municipal				
a. Foreign passport; and		5. U.S. Military card or draft record	authority, or territory of the United States bearing an official seal				
b. Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	Native American tribal document				
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	5. U.S. Citizen ID Card (Form I-197)				
passport; and (2) An endorsement of the individual's status or parole as long as that period of		Native American tribal document Driver's license issued by a Canadian government authority	Identification Card for Use of Resident Citizen in the United States (Form I-179)				
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and				
limitations identified on the form.		10. School record or report card	Section 13 of the M-274 on uscis.gov/i-9-central.				
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment				
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		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.				
		Acceptable Receipts					
May be prese		d in lieu of a document listed above for a to For receipt validity dates, see the M-274.	emporary period.				
Receipt for a replacement of a lost, stolen, or damaged List A document.	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 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.							
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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