

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

▶ 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 than the first day of employment, but not			st complete an	d sign Se	ction 1 of	Form I-9 no later	
Last Name (Family Name)	1				r Last Names Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Town	J		State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Emplo	Employee's E-mail Address			Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this f	form.			or use of	false do	cuments in	
I attest, under penalty of perjury, that I a	am (check one of the	following boxe	es):				
1. A citizen of the United States							
2. A noncitizen national of the United State	s (See instructions)				***************************************		
3. A lawful permanent resident (Alien Registration Number/USCIS Number):							
4. An alien authorized to work until (expir Some aliens may write "N/A" in the expir				_			
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number						QR Code - Section 1 Not Write In This Space	
Alien Registration Number/USCIS Number OR	:			1			
2. Form I-94 Admission Number: OR							
3. Foreign Passport Number:			_				
Country of Issuance:			_				
Signature of Employee			Today's Da	te (mm/dd/	/уууу)		
Preparer and/or Translator Certi I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tra	anslator(s) assisted					
I attest, under penalty of perjury, that I knowledge the information is true and o		completion of	Section 1 of th	nis form a	and that	to the best of my	
Signature of Preparer or Translator				Today's [Date (mm/d	dd/yyyy)	
Last Name (Family Name)		First Nam	ne (Given Name)	•			
Address (Street Number and Name)		City or Town			State	ZIP Code	

Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized rep. must physically examine one docu of Acceptable Documents.")								
Employee Info from Section 1	Last Name (Famil	y Name)		First Name (Given Name)		M.I. C	citizenship/Immigration Status	
List A Identity and Employment Aut	OR horization		List Ident		A	ND	E	List C imployment Authorization
Document Title	D	ocument Titl	е			Docume	nt Title	
Issuing Authority	Is	suing Author	rity			Issuing A	Authority	,
Document Number	D	Document Number			Docume			per
Expiration Date (if any)(mm/dd/yy	vy) E	xpiration Dat	te (if any)(n	nm/dd/yyyy)		Expiratio	n Date	(if any)(mm/dd/yyyy)
Document Title								
Issuing Authority		Additional I	nformatio	n				QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number								
Expiration Date (if any)(mm/dd/yy	yy)							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any)(mm/dd/yy	уу)							
Certification: I attest, under p (2) the above-listed document employee is authorized to wo	(s) appear to be g	jenuine and						
The employee's first day of			:		(See i	nstructio	ns for (exemptions)
Signature of Employer or Authoriz	ed Representative	٦	Гoday's Da	te (mm/dd/y)	/yy) Title	of Employ	er or Au	thorized Representative
Last Name of Employer or Authorized	Representative F	irst Name of E	Employer or A	Authorized Re	presentative			iness or Organization Name State University
Employer's Business or Organiza 2100 Aggie Rd	tion Address (Street	t Number and	d Name)	City or Tow		•	State	
Section 3. Reverification	and Rehires (To be comp	oleted and	signed by	employer d	or authoriz	ed rep	resentative.)
A. New Name (if applicable)	***					1		(if applicable)
Last Name (Family Name)	First Nar	me (Given Na	ame)	Mide	dle Initial	Date (mm	n/dd/yyy	y)
C. If the employee's previous grar continuing employment authorizat				, provide the	information	for the doc	ument o	r receipt that establishes
Document Title			Docume	ent Number			Expirat	tion Date (if any) (mm/dd/yyyy)
I attest, under penalty of perju the employee presented docu								
Signature of Employer or Authoria			Date (mm/c					ed Representative

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	LIST B Documents that Establish Identity OR AN		ID	LIST C Documents that Establish Employment Authorization
2.	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		 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, 	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
4.	Employment Authorization Document that contains a photograph (Form I-766)		gender, height, eye color, and address		Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and		 School ID card with a photograph Voter's registration card U.S. Military card or draft record 	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
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		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.		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
			For persons under age 18 who are unable to present a document listed above:		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.