

Instructions for USCIS Form I-9

The United States Citizenship and Immigration Services (USCIS) is part of the United States Department of Homeland Security (DHS). This form is to make sure you can work in the United States.

When must I complete the form?

The form must be signed by you and your employer. Sign the form within 3 days of your first day of employment.

Where can I find information on this form?

For more information, go online to www.uscis.gov/files/form/m274.pdf.

What if the employee is under 18?

If your state allows employees under the age of 18, the employee would still be required to fill out an I-9 form. It would be completed the same way that an employee age 18 or over would

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

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.)

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.

Last Name (Family Name) First Name (Given Name) Middle Initial Other Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State Zip Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

3-D Barcode
Do Not Write in This Space

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: Document Number: Expiration Date (if any) (mm/dd/yyyy):

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 Representative Date (mm/dd/yyyy) Print Name of Employer or Authorized Representative:

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Who signs the I-9 form?

The Employer and the Employee must sign and date the form. You will review section 1, sign, and date.

The employer will complete section 2. The employer must review the List of Acceptable Documents in the Employee Enrollment Forms Packet.

What is the List of Acceptable Documents?

This document provides a list of items that can be used to prove your right to work in the United States of America.

Employee Information and Attestation (Section 1, Page 1):

The Employee must review the following fields. Most of the information has been completed for you. Your name must match the name on your Social Security Card. Please use the below picture and instructions to complete this portion of section 1:

Section 1. Employee Information and Attestation <i>(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.)</i>					
1	Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)	
2	Address (Street Number and Name)	Apt. Number	City or Town	State	ZIP Code
3	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [] [] [] - [] [] - [] [] [] []	Employee's E-mail Address	Employee's Telephone Number	

1. **Employee's full legal name:** Last Name, First Name, Middle Initial
 - a. **Other Names Used:** Employee's maiden name (If you have changed your name due to marriage). If this doesn't apply to you, please leave this field blank or you may write N/A.
2. Employee's current Physical Street Address including city, state, and complete 5 digit zip code. (Where you live)
3. Employee's birth date, include the month, day and 4 digit year of your birth, E-mail Address (if you do not have one, you may leave this field blank), Employee's complete Social Security Number (SSN), this is a 9 digit number, and the employee's 10-digit telephone number.

The Employee must check off the statement that applies to their current citizenship. Please see the below picture and instructions to complete this portion of section 1:

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

4 I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

<p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number: _____ OR</p> <p>3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>
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5 Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

4. Please choose only one option:
- a. A Citizen of the United States
 - b. A noncitizen national of the United States *(see additional instructions)*
 - c. A lawful permanent resident *(Alien number/USCIS Number required)*
 - d. An alien authorized to work until *(a valid expiration date or N/A, if no expiration date is applicable along with Alien Registration Number/USCIS Number OR Form I-94 Admission Number are required)*

5. Employee's signature *(sign your full legal name to match what is listed in Section 1, Box 1) and date.*

Please note: The date should be the date the employee signed the I-9 form (The Employee must sign the form the same day or before the Employer signs the form in Section 2, Page 2).

Only complete items in the Preparer and/or Translator section if the information in Section 1 has been prepared by someone other than the employee.

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Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name) _____		First Name (Given Name) _____	
Address (Street Number and Name) _____	City or Town _____	State _____	ZIP Code _____

6. If it is deemed that you need to fill out the Preparer and/or Translator section, please fill out the following information (see picture above and instructions below):

- a. Preparer/Translator's Signature
- b. Print Preparer/Translator's Full Name
- c. Preparer/Translator's current physical address
- d. Print the date the Preparer/Translator helped complete this form