

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									
than the first day of emplo									
ast Name (Family Name) First Na			iven Nam	e)	Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)			Number	City or Town	ı		State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Num			ber Employee's E-mail Address			Employee's Telephone Number			
l am aware that federal la connection with the com			nt and/o	r fines for fals	e statements o	or use of	false do	cuments in	
l attest, under penalty of	perjury, that I a	m (check on	e of the	following box	es):				
1. A citizen of the United	States								
2. A noncitizen national o	f the United States	(See instruction	ons)						
3. A lawful permanent res	ident (Alien Reç	gistration Numb	er/USCIS	Number):					
4. An alien authorized to some aliens may write									
Aliens authorized to work me An Alien Registration Number 1. Alien Registration Number OR	er/USCIS Number	OR Form I-94	ing docum Admissior	nent numbers to c n Number OR Fo	omplete Form I-t reign Passport N —	9: umber.		QR Code - Section 1 Not Write In This Space	
2. Form I-94 Admission Nur OR	nber:								
3. Foreign Passport Numbe	r:								
Country of Issuance:									
Signature of Employee					Today's Da	te (mm/dd/	<i>(yyyy</i>)		
Preparer and/or Trar I did not use a preparer or (Fields below must be com I attest, under penalty of	translator. Inpleted and signer perjury, that I had a signer.	A preparer(s) ed when prep ave assisted	and/or tra parers an	nslator(s) assiste d/or translators	assist an emp	loyee in c	ompleting	g Section 1.)	
knowledge the information is true and correct. Signature of Preparer or Translator						Today's Date (mm/dd/yyyy)			
orginature of Freparet of Iran	aialUi					Today & L	rate (IIIII/C	иш уууу)	
Last Name (Family Name)				First Nar	ne (Given Name)			
Address (Street Number and	Name)			City or Town			State	ZIP Code	

STOP

Employer Completes Next Page

STOP



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Section 2. Employer or (Employers or their authorized rep. must physically examine one docu of Acceptable Documents.")	resentative mu	st complete	and sign Section	n 2 within 3	business day	s of the emp				
Employee Info from Section 1	amily Nam	e)	First Name (Given Name)		e) M.	I. Citize	enship/Immigration Status			
List A Identity and Employment Aut		DR	List Iden		ΙA	ND	Empl	List C oyment Authorization		
Document Title		Docume	ent Title			Document	Title			
Issuing Authority		Issuing	Issuing Authority			Issuing Authority				
Document Number		Docume	Document Number			Document Number				
Expiration Date (if any)(mm/dd/yyyy)		Expiration	Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)				
Document Title										
Issuing Authority		Addition	onal Informatio	n				Code - Sections 2 & 3 Not Write In This Space		
Document Number										
Expiration Date (if any)(mm/dd/yy)	(y)									
Document Title										
Issuing Authority						,				
Document Number										
Expiration Date (if any)(mm/dd/yy)	(y)									
Certification: I attest, under po (2) the above-listed document(employee is authorized to wor The employee's first day of e	s) appear to k in the Unite employment	be genuined States.	e and to relate	to the emp	Oloyee name	ed, and (3) t	for exe	st of my knowledge the		
Signature of Employer or Authorize	ed Representa	tive	Today's Da	te(<i>mm/<mark>dd/yy</mark></i>				zed Representative DENETTS COUNT		
Last Name of Employer or Authorized GREGORY	Representative	First Nam	ne of Employer or A	Authorized Re	epresentative	Employer's	s Business	s or Organization Name TY SCHOOLS		
Employer's Business or Organizat 7465 LOANNES DRIVE		treet Numb	er and Name)	City or Tov			State OH	ZIP Code 45243		
Section 3. Reverification	and Rehire	S (To be	completed and	signed by	employer o	r authorized	l represe	ntative.)		
A. New Name (if applicable)						B. Date of R		oplicable)		
Last Name (Family Name)	First	: Name (Giv	ven Name)	Mid	dle Initial	Date (mm/d	d/yyyy)			
C. If the employee's previous grant continuing employment authorization				provide the	information f	or the docum	ent or rec	eipt that establishes		
Document Title			Docume	ent Number		E	xpiration [Date (if any) (mm/dd/yyyy)		
l attest, under penalty of perju the employee presented docur										
Signature of Employer or Authorize	ed Representa	tive Tod	lay's Date (mm/c	dd/yyyy)	Name of Em	nployer or Au	thorized F	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	DR	LIST B Documents that Establish Identity	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		1. 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	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
4.	I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		2. ID card issued by federal, state or loca government agencies or entities, provided it contains a photograph or information such as name, date of birth gender, height, eye color, and address		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		 School ID card with a photograph Voter's registration card U.S. Military card or draft record 	3.	
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 	6. 7. 8. 9.	•	4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and (2) An endorsement of the alien's		. Native American tribal document		Native American tribal document
	nonimmigrant status as long as that period of endorsement has		Driver's license issued by a Canadian government authority	6.	U.S. Citizen ID Card (Form I-197)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		Identification Card for Use of Resident Citizen in the United States (Form I-179)
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				Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.