

## **Employment Eligibility Verification**

## Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No.1615-0047 Expires 05/31/2027

**USCIS** 

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.

| 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. |                 |           |                         |              |                         |                                |       |          |  |
|--|-----------------|-----------|-------------------------|--------------|-------------------------|--------------------------------|-------|----------|--|
| Last Name (Family Name) Firs   |                 | First Na  | First Name (Given Name) |              | Middle Initial (if any) | Other Last Names Used (if any) |       |          |  |
| Address (Street Number and Name)   |                 |           | Apt. Number (if any)    | City or Town |                         |                                | State | ZIP Code |  |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Sec | urity Num | ber                     |              |                         |                                |       |          |  |
|  |                 |           |                         |              |                         |                                |       |          |  |
|  |                 |           |                         |              |                         |                                |       |          |  |
|  |                 |           |                         |              |                         |                                |       |          |  |
|  |                 |           |                         |              |                         |                                |       |          |  |

## 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 | Documents that Establish Employment Authorization |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   | -  |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |
|   |    |                                   |   |