

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 Informati than the first day of employment, but it | | | st complete an | d sign Se | ection 1 c | of Form I-9 no later | | |
|---|--------------------------------|---|-----------------|-----------------------------|------------|--|--|--|
| Last Name (Family Name) | First Name (Given Nam | me) | Middle Initial | Other L | ast Name | nes Used (if any) | | |
| Address (Street Number and Name) | Apt. Number | City or Town | | 1 | ZIP Code | | | |
| Date of Birth (mm/dd/yyyy) U.S. Social S | Security Number Empl | oyee's E-mail Add | E | Employee's Telephone Number | | | | |
| I am aware that federal law provides to connection with the completion of the | | or fines for false | e statements o | or use of | false do | cuments in | | |
| I attest, under penalty of perjury, that | I am (check one of the | following boxe | es): | | | | | |
| 1. A citizen of the United States | | | | | | | | |
| 2. A noncitizen national of the United Sta | ates (See instructions) | | | | | | | |
| 3. A lawful permanent resident (Alien | Registration Number/USCI | S Number): | | | | | | |
| 4. An alien authorized to work until (ex | xpiration date, if applicable, | mm/dd/yyyy): | | | | | | |
| Some aliens may write "N/A" in the ex | piration date field. (See ins | structions) | | | | | | |
| Aliens authorized to work must provide only An Alien Registration Number/USCIS Num | | | | | Do | QR Code - Section 1 o Not Write In This Space | | |
| Alien Registration Number/USCIS Number/ OR | per: | | | | | | | |
| 2. Form I-94 Admission Number: OR | | | _ | | | | | |
| 3. Foreign Passport Number: | | | | | | | | |
| Country of Issuance: | | | _ | | | | | |
| Signature of Employee Today's Date (mm | | | | | | n/dd/yyyy) | | |
| Preparer and/or Translator Cel I did not use a preparer or translator. (Fields below must be completed and so | A preparer(s) and/or tra | anslator(s) assisted and/or translators | assist an empl | oyee in c | ompletin | g Section 1.) | | |
| I attest, under penalty of perjury, that knowledge the information is true an | | completion of s | section 1 of th | is ioriii a | and that | to the best of my | | |
| Signature of Preparer or Translator | | | | Today's [| Date (mm/ | (dd/yyyy) | | |
| Last Name (Family Name) | | First Nam | e (Given Name) | <u> </u> | | | | |
| Address (Street Number and Name) | | City or Town | | | State | ZIP Code | | |
| | | | | | | | | |

STOP

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STOP



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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| of Acceptable Documents.") | | | | | | | | | | |
|--|--|-----------------------|--------------------------------------|--|-------------------------|--|--------------------------------------|-----------------------------|--|--|
| Employee Info from Section 1 | ee Info from Section 1 Last Name (Family Name) | | | | First Name (Given Name) | | | 1.I. Citize | enship/Immigration Status | |
| List A Identity and Employment Auth | norization | OR | | List Ident | | Α | ND | Emp | List C loyment Authorization | |
| Document Title | | D | ocument Tit | le | | | Documen | t 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 | | | Additional | Informatio | n | | | | R Code - Sections 2 & 3 Not Write In This Space | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | ry) | | | | | | | | | |
| Document Title | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | |
| Document Number | | | | | | | | | | |
| Expiration Date (if any)(mm/dd/yyy | y) | | | | | | | | | |
| 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 e | mployme | nt <i>(mn</i> | n/dd/yyyy) | : | | (See in | nstruction | s for exe | mptions) | |
| Signature of Employer or Authorized Representative Today's D | | | | | e (mm/dd/y | Title of Employer or Authorized Representative | | | | |
| Last Name of Employer or Authorized Representative First Name of E | | | Employer or A | or Authorized Representative Employer's Busi | | | | siness or Organization Name | | |
| Employer's Business or Organization | on Address | (Street | Number and | d Name) | City or Tov | vn | Joane | | ZIP Code | |
| 20929 Ventura Blvd #47 | | (011001 | Trainbor and | 4 (144) | • | and Hills | | CA | 91364 | |
| Section 3. Reverification | and Rehi | res (7 | o be comp | oleted and | signed by | employer o | r authorize | ed represe | ntative.) | |
| A. New Name (if applicable) | | | | | | | B. Date of | Rehire (if a | oplicable) | |
| Last Name (Family Name) | Fi | rst Name (Given Name) | | | Mid | dle Initial | Date (mm/ | m/dd/yyyy) | | |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. | | | | | | | | | | |
| Document Title | | | | Docume | nt Number | | | Expiration D | 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 Authorize | ed Represer | itative | Today's [| Date (mm/d | d/yyyy) | Name of En | nployer or A | uthorized R | 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 | OR | LIST B Documents that Establish Identity AN | D | 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 | | 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 | 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 | |
| | temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document | _ | color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, | 2. | INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued | |
| 5. | that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: | | gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card | 3. | by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or | |
| | a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; | | U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card | | territory of the United States bearing an official seal Native American tribal document | |
| | (1) The same hame as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the | | Native American tribal document Driver's license issued by a Canadian government authority | | U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) | |
| | 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: | | Employment authorization document issued by the Department of Homeland Security | |
| 6. | 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 card11. Clinic, doctor, or hospital record12. 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.

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