



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires MM/DD/YYYY

▶ **START HERE:** Employers must ensure that the form instructions are available to employees when completing this form.

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 a job offer.)*

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number (Optional for Non-E-Verify Employers)		<input type="checkbox"/> SSN applied for
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date SSN Added: _____

<p>ATTESTATION: I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. By my signature below, I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	<p>Check one of the following boxes to attest to the basis for your employment authorization in the U.S.</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i></p> <p><input type="checkbox"/> 3. A lawful permanent resident (A-Number/USCIS Number): _____</p> <p><input type="checkbox"/> 4. A nonimmigrant authorized to work <input type="checkbox"/> (A) without expiration <input type="checkbox"/> (B) temporarily (expiration date (mm/dd/yyyy)): _____</p> <p><i>Check a box to the right and add enter:</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR</p> <p>2. Form I-94 Admission Number _____ OR</p> <p>3. Foreign Passport Information _____ Passport Number _____ Country of Issuance _____</p>
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Signature of Employee	Date of Signature (mm/dd/yyyy)
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Section 2. Employer Review and Verification

List A Identity and Employment Authorization	OR	List B Identity	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		Additional Information		
Issuing Authority		<u>Automatic Extension</u> = _____ <input type="checkbox"/> 540-Day Extension (EAD) <input type="checkbox"/> 240-Day Extension (Pending Ext.) <input type="checkbox"/> 180-Day Extension (EAD) <input type="checkbox"/> 180-Day STEM Extension (EAD) <input type="checkbox"/> 120-Day Extension <input type="checkbox"/> TPS Extension: _____ (MM/DD/YYYY) <input type="checkbox"/> AC-21 <input type="checkbox"/> Cap Gap <input type="checkbox"/> OTHER: _____		
Document Number		<u>Optional Tracking Details</u> <input type="checkbox"/> EAD Category Code _____ <input type="checkbox"/> TPS Country: _____		
Expiration Date (if any) (mm/dd/yyyy)		<u>Receipts*</u> <input type="checkbox"/> Lost, Stolen, Damaged (A/B/C) <input type="checkbox"/> LPR Card + I-751 Receipt (List C) <input type="checkbox"/> Temporary I-551 <input type="checkbox"/> Refugee I-94 ("RE") <input type="checkbox"/> COVID-19 List B <input type="checkbox"/> OTHER: _____		
Document Title		<u>Optional E-Verify Details</u> Case Number: _____ Result: _____ Visa Number: _____		
Issuing Authority		*LPR Card + I-90 Receipt = not a receipt *Temporary Driver License = not a receipt		
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Employee's first day of employment in the U.S. (mm/dd/yyyy): _____

Signature of Employer or Authorized Representative	Date of Signature (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name



**Preparer/Translator, Rehire, Update, and Reverification
Supplement to Form I-9**

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Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Preparer/Translator:

Use this section if someone assisted your employee in completion of the Form I-9.

PREPARER/TRANSLATOR CERTIFICATION			
I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.			
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

Reverification, Update, Rehire, or Name Change:

Instructions: Only use this section if your employee has been rehired, requires an update, or requires reverification. Enter the employee's name from the Form I-9 in the fields above. Use a new section for each reverification or update. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#).

Reverification: If the employee's employment authorization or documentation requires reverification, the employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

- Reverification is required only for an employee classified as a #4 "nonimmigrant authorized to work."
- Initial reverification is required on or before the expiration date listed in Section 1 or the expiration date of the employment authorizing document recorded in Section 2, whichever is earlier.
- Subsequent reverification is required if the employee presents a time-limited employment authorization document for reverification.

Update: If the employee's I-9 requires documentation update, the employee can choose to present any acceptable documentation covering the category (identity and/or employment authorization) requiring the update. For example, if an employee presented a receipt for replacement of a lost driver license (a List B identity document), they may present any List A or B documentation (both of which prove identity) for the update.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Update or Reverification			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
Additional Information			
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Signature of Employer or Authorized Representative	Date of Signature (mm/dd/yyyy)	Name of Employer or Authorized Representative	