



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

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.")

Employee Info from Section 1 ?	Last Name (Family Name) ?	First Name (Given Name) ?	M.I. ?	Citizenship/Immigration Status ?
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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 ?		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority ?				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				
Document Title ?				
Issuing Authority ?				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				

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 ?	Today's Date (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 ?	
Employer's Business or Organization Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

Click to Finish