



Employment Eligibility Verification

USCIS

Form I-9

OMB No. 1625-0047

Replaces I-9-11-2004

EmpID: 01234567

Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers/CORPORATIONS specify which documents they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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) Stanford		First Name (Given Name) Employee		Birth Date N/A	Other Names Used (If Any) N/A	
Address (Street Number and Name) 123 Stanford Ave.		Apt. Number N/A	City or Town Stanford		State CA	Zip Code 94305
Date of Birth (mm/dd/yyyy) 11/01/1985	U.S. Social Security Number 123-45-6789	E-mail Address employee@stanford.edu			Telephone Number (650) 723-2300	

I am aware that Federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number) _____

☒ An alien authorized to work until expiration date, if applicable, expires: **06/17/2009**. Some aliens may wish "TD" in the box. (See instructions)

For alien authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: **0000000000**

Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign/Passport Number: _____

Country of Issuance: _____

Some aliens may wish "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Employee Stanford	Date (mm/dd/yyyy): 03/11/2003
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employee Completes Next Page

