

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

**Form I-9, Employment Eligibility Verification**

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

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

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 #)
- An alien authorized to work (Alien # or Admission #) I-94 # \_\_\_\_\_ until (expiration date, if applicable - month/day/year) ←

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A                             | OR | List B | AND | List C |
|------------------------------------|----|--------|-----|--------|
| Document title: Foreign Passport   |    |        |     |        |
| Issuing authority: Foreign Country |    |        |     |        |
| Document #: Passport #             |    |        |     |        |
| Expiration Date (if any):          |    |        |     |        |
| Document #: I-94 #                 |    |        |     |        |
| Expiration Date (if any): ←        |    |        |     |        |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |            |                       |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative  | Print Name | Title                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) |            | Date (month/day/year) |

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

|                             |  |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: I-94 Document #: I-94 # Expiration Date (if any):

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 Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## Form I-9

When I-94 is used for Sections 1 & 2

Expiration Date would come from one of the following:

- Form I-20 for F-1 visas
- Form DS-2019 for J-1 visas
- Letter from Sponsor for J-1 on CPT
- Form I-797 for H1B visas
- Form I-94 for TN visas
- Form I-94 for E-3 visas (Australia only)

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**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

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 #) \_\_\_\_\_

An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ A# on EAD \_\_\_\_\_ until (expiration date, if applicable - month/day/year) ←

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A                      | OR | List B | AND | List C |
|-----------------------------|----|--------|-----|--------|
| Document title: EAD         |    |        |     |        |
| Issuing authority: USCIS    |    |        |     |        |
| Document #: EAD Card #      |    |        |     |        |
| Expiration Date (if any): ← |    |        |     |        |
| Document #:                 |    |        |     |        |
| Expiration Date (if any):   |    |        |     |        |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |            |                       |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative  | Print Name | Title                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) |            | Date (month/day/year) |

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: EAD Document #: EAD Card # Expiration Date (if any): \_\_\_\_\_

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 Authorized Representative | Date (month/day/year) |
|--|-----------------------|

## Form I-9

When Employment Authorization Document (Card) is used for Sections 1 & 2

Expiration Date would come from EAD Card for the following visa types:

- F-1 visa on OPT
- J-2 visas
- PAA

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

**Form I-9, Employment Eligibility Verification**

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**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

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 #) ON I-551 (Green Card)
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

|   |                             |
|---|-----------------------------|
| Preparer's/Translator's Signature _____                       | Print Name _____            |
| Address (Street Name and Number, City, State, Zip Code) _____ | Date (month/day/year) _____ |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A                                    | OR | List B | AND   | List C |
|---|----|--------|-------|--------|
| Document title: <u>PERM RESIDENT CARD</u> | OR | _____  | _____ | _____  |
| Issuing authority: <u>USCIS</u>           |    | _____  | _____ | _____  |
| Document #: <u>I-551 #</u>                |    | _____  | _____ | _____  |
| Expiration Date (if any): _____           |    | _____  | _____ | _____  |
| Document #: _____                         |    | _____  | _____ | _____  |
| Expiration Date (if any): _____           |    |        |       |        |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |                  |                             |
|---|------------------|-----------------------------|
| Signature of Employer or Authorized Representative _____  | Print Name _____ | Title _____                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____ |                  | Date (month/day/year) _____ |

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

Form I-9

When Permanent Resident Card (Green Card) is used for Sections 1 & 2

- Alien # obtained from Permanent Resident Card
- Expiration Date not required

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

**Form I-9, Employment Eligibility Verification**

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**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) I-94 # \_\_\_\_\_ until (expiration date, if applicable - month/day/year) ←

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

|   |                  |
|---|------------------|
| Preparer's/Translator's Signature _____                       | Print Name _____ |
| Address (Street Name and Number, City, State, Zip Code) _____ |                  |
| Date (month/day/year) _____                                   |                  |

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A                             | OR | List B | AND | List C |
|------------------------------------|----|--------|-----|--------|
| Document title: Foreign Passport   |    | _____  |     | _____  |
| Issuing authority: Foreign Country |    | _____  |     | _____  |
| Document #: Passport #             |    | _____  |     | _____  |
| Expiration Date (if any): _____    |    | _____  |     | _____  |
| Document #: I-94 #                 |    | _____  |     | _____  |
| Expiration Date (if any): ← _____  |    | _____  |     | _____  |

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |                  |                             |
|---|------------------|-----------------------------|
| Signature of Employer or Authorized Representative _____  | Print Name _____ | Title _____                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____ |                  | Date (month/day/year) _____ |

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

|                                   |  |
|-----------------------------------|--|
| A. New Name (if applicable) _____ | B. Date of Rehire (month/day/year) (if applicable) _____ |
|-----------------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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 Authorized Representative _____ | Date (month/day/year) _____ |
|--|-----------------------------|

## Form I-9

When I-94 is used for Sections 1 & 2

Expiration Date would come from one of the following:

- H1B visa Extension
  - Current form I-797A expiration date + 240 days
  - Extension Notice from OIP
- H1B visa Portability
  - Form I-797C notice date + 240 days
  - Portability Notice from OIP