



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

[I-9 Instructions](#) [I-9 Instruccion](#)

**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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address (Street Number and Name)			Apt. Number	City or Town	State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	NV <input type="text"/>	89074
Date of Birth	U.S. Social Security Number	E-mail Address		Telephone Number		
<input type="text"/> <i>(mm/dd/yyyy)</i>	<input type="text"/>	<input type="text"/> <i>(optional)</i>		<input type="text"/> <i>(optional)</i>		
Location						
<input type="text"/>						
Hire Date (mm/dd/yyyy)						
<input type="text"/>						

- The employee completes their name, and address. Email and phone number fields are optional. The I-9 Specialist enters the org and hire date.

NOTE: If employee previously completed section one, go to "Search for Employees" or "Pending" to pull their section one.

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, mm/dd/yy): 
  - Employee is an alien whose work authorization does not expire or has no specific expiration date for their employment authorization (see *instructions*)

For aliens 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:

If you obtained your admission number (Form I-94) from CBP (Customs and Border Protection) in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

- Employee obtained Form I-94/I-94A number within the U.S. or entered the U.S. without a foreign passport (see *instructions*)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

Zip Code

- By checking this box, I, as an employer representative, authorize the minimum and maximum age requirements to be waived allowing this individual to be employed.

Cancel

Continue

- The employee checks the appropriate citizenship box.
- The preparer and/or translator certification is completed **only** if the employee did not complete section one on their own or corrections were made after they completed section one.
- Hit continue.

## Employee Review

[I-9 Instructions](#) [I-9 Instrucciones](#)

**This information should be reviewed and completed by the employee who prepared the I-9 form.**

After verifying that the information is correct, complete the signature block at the bottom of the page. You can make changes to the information by clicking on the link below the information.

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**Name:** ██████████  
**Other Names Used:**  
**U.S. Social Security Number:** ██████████  
**Date of Birth:** ██████████  
**Address:** ██████████  
**E-mail Address:**  
**Telephone Number:**  
**Hire Date:** 05/03/2013  
**Work Status:** A Citizen of the United States  
**Alien Registration Number/USCIS Number:**  
**I-94 #:**  
**Alien Work Until Date:**  
**Foreign Passport Number:**  
**Country of Issuance:**  
**Obtained I-94 from USCIS:**

[↶ Change Information](#)

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### Employee Electronic Signature [\(English | Español\)](#)

By checking this checkbox I attest to the following:

- 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 understand that the employer may electronically verify my work authorization with the United States government.
- If my work authorization is verified with the United States government, I authorize my Section 1 electronic signature to be automatically applied to the documents the employer will provide me should I contest/not contest the verification results.

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Cancel

Continue

Review the information. If corrections are needed, click "change information".

Read attestation and check the box. Hit Continue.

## Section 2 - Employer Review and Verification



I-9 has been saved as pending.

Please enter the employment information and the document(s) presented by the employee.

The employee must provide a photo ID to prove their identity.

**Hire Date:**

5/3/2013

[Auto-Fill](#)

**Location:**

31865 AS-Music

[↻ Change Section 1 Information](#)

[🖨 View and Print Employee Receipt](#)

**Visa Type:**

**Select the set of document(s) presented by the employee:**

The employee must prove their identity and authorization to work in the United States by presenting to the employer either 1 List A -OR- 1 List B and 1 List C document.

A receipt indicating that an individual has applied for an initial Employment Authorization Document (Form I-766) or for an extension of an expiring Form I-766 is NOT ACCEPTABLE proof of employment authorization for Form I-9. Receipts are NEVER ACCEPTABLE if employment lasts fewer than three business days.

**List A**

**List A proves identity AND work authorization:**

Receipt (e.g., replacement) [What's This?](#)

**List B and C**

**List B proves identity:**

Receipt (e.g., replacement) [What's This?](#)

Driver's License Issued by State or Possession with Photo

**List C proves work authorization:**

Receipt (e.g., replacement) [What's This?](#)

Social Security Account Number Card Without Employment Restriction

**Employee terminated before completing I-9**

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Cancel

Continue

- Select list B & C documents to be presented. Remember that all list B documents must contain a photograph.

## Section 2 - Employer Review and Verification

The employer must examine the document(s) presented by the employee and record the issuing authority, document number, and document expiration date, if any.

### List B document - Driver's License Issued by State or Possession with Photo

**Issuing Authority:**

Nevada

[Sample Document](#)

**Document #:**

██████████

**Expiration Date (mm/dd/yyyy):**

07/30/2013

### List C document - Social Security Account Number Card Without Employment Restriction

**Issuing Authority:**

Social Security Administration

[Sample Document](#)

**Social Security Number (XXX-XX-XXXX):**

██████████

The number on the document is the same

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Cancel

Continue

- Enter the information from the documents.
- Hit continue.

## Employer Review

Please review the following information as it was entered. You can make changes to the information by clicking on the link below the information.

After verifying that the information is correct, complete the signature block at the bottom of the page.

[C] Corrected field

**Name:** [REDACTED]  
**Other Names Used:**  
**U.S. Social Security Number:** [REDACTED]  
**Date of Birth:** [REDACTED]  
**Address:** [REDACTED]  
**E-mail Address:**  
**Telephone Number:**  
**Hire Date:** 05/03/2013  
**Work Status:** A Citizen of the United States  
**Alien Registration Number/USCIS Number:**  
**I-94 #:**  
**Alien Work Until Date:**  
**Foreign Passport Number:**  
**Country of Issuance:**  
**Obtained I-94 from USCIS:**

**Group:** AS-College of Arts & Sciences  
**Location:** 31865 AS-Music

[↕ Change Information](#)

**Visa Type:**

### Document Information Summary

**List B document:** Driver's License Issued by State or Possession with Photo  
**Issuing Authority:** Nevada  
**Document #:** [REDACTED]  
**Expiration Date (mm/dd/yyyy):** 07/30/2013  
**List C document:** Social Security Account Number Card Without Employment Restriction  
**Issuing Authority:** Social Security Administration  
**Social Security Number (XXX-XX-XXXX):** [REDACTED]

- I-9 Specialist reviews information entered.

**Employer Electronic Signature** ([English](#) | [Español](#))

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): 5/3/2013

I also attest to the following:

- I understand the employee's work authorization may be verified electronically with the United States government.
- If the employee's work authorization is verified with the United States government, I authorize my Section 2 electronic signature to be automatically applied to the documents provided to the employee should the employee contest/not contest the verification results.
- I am not using government verifications for pre-screening purposes or discriminating against any employee who receives a tentative nonconfirmation response.

I have read and agree with the certification statement above.

**I have read and agree with the certification statement above.**

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Cancel

Continue

1. Read attestation, check box. Hit continue.

**I-9 is completed.**