

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

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Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ

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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.")

of Acceptable Documents.")							
Employee Info from Section 1	Last Name (Fa	nmily Name)	First Name (Giver	Name)	M.I.	Citizenship/Immigration Status	
List A Identity and Employment Aut	Of horization	R List Iden	_	AND		List C Employment Authorization	
Document Title		Document Title		Docun	nent Tit	le	
Issuing Authority		Issuing Authority		Issuin	Issuing Authority		
Document Number		Document Number		Docur	Document Number		
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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 Document

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