Passport

than the first day of employment, but not before accepting a job offer.)

Indicates sections you as the employee must complete and sign



Last Name (Family Name)

Sample

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

Other Last Names Used (if any)

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. 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 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

Middle Initial

N/A

M

First Name (Given Name)

Connor

Address (Street Number and N	lame)	Apt. Number	City or Towr			State	ZIP Code
123 North Main Stre	et	1	Des Moi	nes		lΑ	50301
Date of Birth (mm/dd/yyyy)	U.S. Social Security Nun	nber Emp	loyee's E-mail A	ddress	Em	ployee's	Telephone Number
06/06/2012	1 2 3 - 4 5 - 6	7 8 9 con	norsample	@gmail.com	(7	12) 33	6-8888
am aware that federal lav	v provides for impriso	onment and/	or fines for fa	se statements o	or use of f	alse do	cuments in
connection with the comp	letion of this form.						
attest, under penalty of p	erjury, that I am (che	ck one of the	e following bo	xes):			
X 1. A citizen of the United S	tates						
2. A noncitizen national of	the United States (See ins	structions)					
3. A lawful permanent resi	dent (Alien Registration	Number/USCI	S Number):				
4. An alien authorized to w	ork until (expiration date	e, if applicable,	mm/dd/yyyy):				
	N/A" in the expiration date	,					QR Code - Section 1
Aliens authorized to work mu An Alien Registration Numbe							Not Write In This Space
Alien Registration Number				J			
OR	OSCIS Nulliber.						
2. Form I-94 Admission Num	ber:						
OR							
3. Foreign Passport Number	<u> </u>						
Country of Issuance:							
Signature of Employee Conn.	or Sample			Today's Dat	e (mm/dd/y	ууу) 3/	15/2018
Preparer and/or Tran I did not use a preparer or t		,		ed the employee in	completing	Soction (1
Fields below must be com		` '	` '	' '			
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If a box doesn't not apply to you, simply type N/A. Do not leave any boxes blank.

The number of the box checked here must go on section 2 of this document. After you've selected a Citizenship Status and completed that line, you do not need to write "N/A" in any additional lines."

Form I-9 07/17/17 N Page 1 of 3

Indicates sections you as the employee must complete and sign.

Indicates sections your authorized representative must complete and sign. You cannot fill out any areas marked in purple.

Since we as the employer are unable to physically view your documents, we ask that an authorized representative fills out this form for you.

<u>Authorized Representative</u> can be anyone you trust to view your identification information to complete this form. (Examples: neighbor, coworker, friend or family member)



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services

Section 2. Employer or Authorized Representative Review and Verification

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

Document Number

Employee Info from Section 1	Last Name (F	amily Name)	First Nan	ne (Given Name			nip/Immigration Status	The number from	
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