

# Passport

Indicates sections you as the employee must complete and sign



## 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

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

|   |  |   |   |                   |
|---|--|---|---|-------------------|
| Last Name (Family Name)<br>Sample                         | First Name (Given Name)<br>Connor              | Middle Initial<br>M                                 | Other Last Names Used (if any)<br>N/A         |                   |
| Address (Street Number and Name)<br>123 North Main Street | Apt. Number<br>1                               | City or Town<br>Des Moines                          | State<br>IA                                   | ZIP Code<br>50301 |
| Date of Birth (mm/dd/yyyy)<br>06/06/2012                  | U.S. Social Security Number<br>123 - 45 - 6789 | Employee's E-mail Address<br>connorsample@gmail.com | Employee's Telephone Number<br>(712) 336-8888 |                   |

If a box doesn't apply to you, simply type N/A. Do not leave any boxes blank.

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.

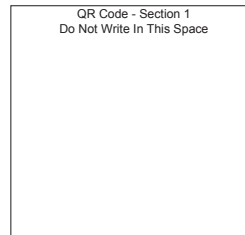
I attest, under penalty of perjury, that I am (check one of the following boxes):

|  |  |
|--|--|
| <input checked="" type="checkbox"/> 1. A citizen of the United States  |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |  |

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."

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**  
2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**  
3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_



|   |  |
|---|--|
| Signature of Employee<br><i>Connor Sample</i> | Today's Date (mm/dd/yyyy)<br>3/15/2018 |
|---|--|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|                                     |                           |       |          |
|-------------------------------------|---------------------------|-------|----------|
| Signature of Preparer or Translator | Today's Date (mm/dd/yyyy) |       |          |
| Last Name (Family Name)             | First Name (Given Name)   |       |          |
| Address (Street Number and Name)    | City or Town              | State | ZIP Code |

**STOP!** Employer Completes Next Page **STOP!**

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.

**Authorized Representative** 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

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

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.")

Employee Info from Section 1: Last Name (Family Name) Traveler, First Name (Given Name) Happy, M.I. M, Citizenship/Immigration Status 1. Lists A, B, and C for document verification.

The number from the checked box in section 1 goes here

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 employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative: Sally Johnson, Today's Date: 03/03/2018, Title: (This can be left blank), Last Name: Johnson, First Name: Sally, Employer's Business or Organization Name: (This can be left blank), Address: 2501 Boji Bend Drive Suite 100, Milford, IA 51351

Your authorized representative must completely fill out the certification section with their signature, date signed, printed last name and first name.

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) and B. Date of Rehire (if applicable) fields.

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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, Today's Date, Name of Employer or Authorized Representative

If address line is blank, the authorized representative will enter GrapeTree's address as shown in this example.



Please send your IDs to processing@grapetree.com separately from the I9.

Document Number