

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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 than the first day of employment, but not			st complete and	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)						r Last Names Used <i>(if any)</i>		
Address (Street Number and Name)	ss (Street Number and Name) Apt. Number City or Town							
Date of Birth (mm/dd/yyyy) U.S. Social Sec	curity Number Empl	 oyee's E-mail Addı	Er	Employee's Telephone Number				
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	e following box	es):					
1. A citizen of the United States								
2. A noncitizen national of the United States (See instructions)								
3. A lawful permanent resident (Alien Registration Number/USCIS Number):								
4. An alien authorized to work until (expir	ation date, if applicable,	mm/dd/yyyy):						
Some aliens may write "N/A" in the expir	ation date field. (See ins	tructions)		_				
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number						R Code - Section 1 ot Write In This Space		
Alien Registration Number/USCIS Number OR	:		_					
2. Form I-94 Admission Number: OR			_					
3. Foreign Passport Number:			_					
Country of Issuance:								
Signature of Employee			Today's Date	e (mm/dd/	(уууу)			
Preparer and/or Translator Certiful I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tra	anslator(s) assisted			~			
I attest, under penalty of perjury, that I he knowledge the information is true and contains the second sec		completion of S	Section 1 of thi	is form a	ınd that t	to the best of my		
Signature of Preparer or Translator				Today's D)ate (mm/c	ld/yyyy)		
Last Name (Family Name)		First Name	e (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		

STOF

Employer Completes Next Page

STOP

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Document Title

Employee Info from Section 1

List A

Identity and Employment Authorization

Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

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Citizenship/Immigration Status

List C

Employment Authorization

M.I.

Document Title

Section 2. Employer or Authorized Representative Review and Verification

Document Title

Last Name (Family Name)

OR

(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.")

List B

Identity

First Name (Given Name)

AND

Issuing Authority		Issuing Authority			Issuing Authority					
Document Number		Document Number Docu				Document	ment Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration D	ate (if any)	(mm/dd	/уууу)		Expiration	Date (if an	y) (mm/dd/yyyy)	
Document Title										
Issuing Authority		Additiona	l Informatio	on					Code - Sections 2 & 3 lot Write In This Space	
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
The employee's first day of employer Signature of Employer or Authorized Repres	-		/): Today's Da	ite (mm		Title c		or Authoria	zed Representative	
		=					Temporary			
Last Name of Employer or Authorized Represent	ative	First Name of	Employer or Authorized Representati			ative	/e Employer's Business or Organization Nam Temporary Solutions NC OSHR			
Employer's Business or Organization Addre 1110 Navaho Drive., Ste 200	ss (Stre	et Number a	nd Name)	City o Rale	r Town igh			State NC	ZIP Code 27609	
Section 3. Reverification and Re	hires	(To be com	pleted and	l signe	d by emplo	yer or	authorized	d represe	ntative.)	
A. New Name (if applicable)						E	3. Date of F	Rehire <i>(if ap</i>	oplicable)	
Last Name (Family Name)	First Na	ame <i>(Given I</i>	Vame)	Middle Initial		al	Date (mm/dd/yyyy)			
C. If the employee's previous grant of emplo continuing employment authorization in the				, provid	e the informa	ation fo	r the docun	nent or rec	eipt that establishes	
Document Title			Docume	Document Number			E	Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury, that to the employee presented document(s),			nowledge,	this en	nployee is			ork in the	United States, and if	
the employee presented decument(s),	trie doc	cument(s) i	have exam	nined a		e genu	ine and to	relate to	the individual.	
Signature of Employer or Authorized Repres			have exam		ppear to be				the individual. epresentative	

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity OR AN		ID	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, 	2.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	5	gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and	7	Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document		Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		Driver's license issued by a Canadian government authority for persons under age 18 who are unable to present a document listed above:		Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	1	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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