



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) DOE		First Name (Given Name) JOHN		Middle Initial J	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 EAST ST.			Apt. Number N/A	City or Town YOUR TOWN		State WI
Date of Birth (mm/dd/yyyy) 01/01/1980		U.S. Social Security Number 123-45-6789		Employee's E-mail Address N/A		Employee's Telephone Number N/A

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 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 checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>12/31/2019</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*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: SRC0000000001
 OR
 2. Form I-94 Admission Number: N/A
 OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee John Doe	Today's Date (mm/dd/yyyy) 12/07/2016
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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 Jane Doe		Today's Date (mm/dd/yyyy) 12/07/2016	
Last Name (Family Name) DOE		First Name (Given Name) JANE	
Address (Street Number and Name) 123 EAST ST.		City or Town YOUR TOWN	State WI
		ZIP Code 12345	





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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.")

Employee Info from Section 1	Last Name (Family Name) DOE	First Name (Given Name) JOHN	M.I. J	Citizenship/Immigration Status Allen Auth. to Work
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization

Document Title	Document Title WI ID	Document Title SSC
Issuing Authority	Issuing Authority WI DMV	Issuing Authority SSA
Document Number	Document Number 0100 1234 0123 01	Document Number 123-45-6789
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 01/01/2018	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title	Additional Information	OR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

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): **01/01/2017** (See instructions for exemptions)

Signature of Employer or Authorized Representative Joe Smith	Today's Date(mm/dd/yyyy) 12/07/2016	Title of Employer or Authorized Representative SERVICE PROVIDER
Last Name of Employer or Authorized Representative SMITH	First Name of Employer or Authorized Representative JOE	Employer's Business or Organization Name ABC COMPANY INC.
Employer's Business or Organization Address (Street Number and Name) 101 MAIN ST.	City or Town YOUR TOWN	State WI
		ZIP Code 12345

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 (mm/dd/yyyy)	Name of Employer or Authorized Representative
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