

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.)

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Last Name (Family Name) First Na		Name (Given Name)			Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)		Apt. N	umber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Nu	Employee's E-mail Address			E	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 following boxes):

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 (expiration date, if applicable, mm/dd/yyyy):		
Some aliens may write "N/A" in the expiration date field. (See instructions)		
Aliens authorized to work must provide only one of the following document numbers to comp An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign		QR Code - Section 1 Do Not Write In This Space
1. 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 (mm/dd/yyyy)	
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 ass	ist an employee in co	ompleting Section 1.)
I attest, under penalty of perjury, that I have assisted in the completion of Sect	tion 1 of this form a	nd that to the best of my
knowledge the information is true and correct.		
Signature of Prenarer or Translator	D a'veboT	ato (mm/dd/www)

Signature of Preparer or Translator			Today's D	ate (mm/de	d/yyyy)	
Last Name (Family Name)	First Name <i>(Given Name)</i>					
Address (Street Number and Name)	City or	Town		State	ZIP Code	

[STOP]

[STOP]