

HOW TO FILL OUT AN I-9 FORM

Employment Eligibility Verification			
Department of Homeland Security			
U.S. Citizenship and Immigration Services			
USCIS Form I-9 OMB No. 3245-0047 Expires 07/31/2024			
STANDARD FORM : Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions .			
ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1 , or specify which acceptable documentation employees must present in Section 2 or Section 3 . This includes asking employees to present their Social Security card or birth certificate. Presenting either document alone may be illegal.			
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 (or alias Name)		First Name (Given Name)	Middle Initial (if any) Other Last Names Used (if any)
Address (Street Number and Name)		Alt. Number (if any)	City or Town State ZIP Code
Date of Birth (mm/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
<input type="checkbox"/> I am aware that federal law provides for imprisonment and/or fines for false statements, or the use and/or possession of forged documents, in connection with the completion of this form. I further understand and acknowledge that perjury, that is, intentionally giving false information, is a criminal offense. I attest that the information I have provided is true and accurate to my citizenship or immigration status, is true and correct.			
<input type="checkbox"/> Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions).			
1. A citizen of the United States 2. A noncitizen lawful of the United States (See Instructions) 3. A lawful permanent resident (Enter USCIS or Alienum) 4. A noncitizen (other than Item Numbers 2, and 3, above) authorized to work until (exp. date, if any)			
<small>If you check Item Number 4, enter one of these: USCIS A Number or Form I-484 Authorization Number or Foreign Passport Number and Country of Issuance</small>			
Signature of Employee Today's Date (mm/yyyy)			
<small>If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.</small>			
Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days of the employee's first day of employment. If physically impossible, or examine completed documents from another source, such as by the Secretary of DHS, documents from List A OR a combination of documents from List B and List C. Enter all additional documentation in the Additional Information section.			
List A OR List B AND List C			
Document Title 1	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 2 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee; (2) the documentation presented applies to the employee and to relate to the employee named; and (3) to the best of my knowledge, the employee is qualified to work in the United States.		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
		<small>I First Day of Employment (mm/yyyy)</small>	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
<small>For reverification or rehire, complete Supplement B: Reverification and Rehire on Page 4.</small>			
<small>Form I-9 Edition 08/01/23</small>			
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