

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

Ensure the form instructions are available to employees when completing this form. Employers are liable for errors for completing this form. See below and the [Instructions](#).

Employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask for information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Section 3**. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Employer Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	