

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)***A. New Name (if applicable)**

Last Name (Family Name)

First Name (Given Name)

Middle Initial

**B. Date of Rehire (if applicable)**

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)

**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