



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Must be this current version!

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: 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 for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin 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 (Family Name) DOE		First Name (Given Name) JANE		Middle Initial (if any)	Other Last Names Used (if any)							
Address (Street Number and Name) 123 ANYWHERE TOWN			Apt. Number (if any)	City or Town NOWHERE	State VT	ZIP Code 05123						
Date of Birth (mm/dd/yyyy) 01/01/1990	U.S. Social Security Number 1 2 3-4 5- 6 7 8 9		Employee's Email Address JANE.DOE@GMAIL.COM		Employee's Telephone Number 802-555-1234							
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input checked="" type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p>											
	<p>If you check Item Number 4., enter one of these:</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">USCIS A-Number</td> <td style="border: none; text-align: center;">OR</td> <td style="border: 1px solid black; padding: 2px;">Form I-94 Admission Number</td> <td style="border: none; text-align: center;">OR</td> <td colspan="2" style="border: 1px solid black; padding: 2px;">Foreign Passport Number and Country of Issuance</td> </tr> </table>						USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
	USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
	Signature of Employee <i>JANE DOE</i>		Employee must date & sign!		Today's Date (mm/dd/yyyy) 1/1/2025							
<p>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.</p>												

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1			LICENSE		SOCIAL SECURITY CARD
Issuing Authority			US GOVERNMENT- DMV		SOCIAL SECURITY ADMINISTRATION
Document Number (if any)			123456789		123-45-6789
Expiration Date (if any)			1/1/2026		N/A
Document Title 2 (if any)	<p style="color: red;">Information must be entered in List A or List B and List C</p> <p style="color: red;">It is the employers responsibility to review documentation.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative JOHN DOE			Signature of Employer or Authorized Representative <i>JOHN DOE</i>		Today's Date (mm/dd/yyyy) 1/1/2025
Employer's Business or Organization Name JOHN DOE			Employer's Business or Organization Address, City or Town, State, ZIP Code 1234 BACKWARDS ST, NOWHERE TOWN, VT 05123		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.