

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► 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 than the first day of emplo					-	st complete an	nd sign Se	ection 1 d	of Form I-9 no later		
Last Name (Family Name)	st Name <i>(Family Name)</i>			First Name (Given Name)				Other Last Names Used (if any)			
Address (Street Number and N	lame)	,	Apt. Numb	per Ci	ty or Town		State ZIP Code				
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	urity Numb	per Er	mployee's	E-mail Addı	ress	E	Employee's Telephone Number			
I am aware that federal lav			nment an	ıd/or fin	es for false	e statements o	or use of	false do	cuments in		
l attest, under penalty of p	erjury, that I a	m (checl	k one of	the follo	wing boxe	es):					
1. A citizen of the United S	tates										
2. A noncitizen national of	the United States	(See insti	ructions)								
3. A lawful permanent resident	dent (Alien Reg	gistration N	lumber/US	SCIS Nun	nber):						
4. An alien authorized to w	ork until (expira	ation date,	if applicab	ole, mm/d	d/yyyy):						
Some aliens may write "	'N/A" in the expira	ation date t	field. (See	e instructio	ons)						
Aliens authorized to work muse An Alien Registration Number								Do	QR Code - Section 1 o Not Write In This Space		
Alien Registration Number OR	/USCIS Number:					_					
2. Form I-94 Admission Num OR	ber:					_					
3. Foreign Passport Number	:					_					
Country of Issuance:						_					
Signature of Employee Today's Date (mm/dd/yyyy)											
Preparer and/or Trans I did not use a preparer or t (Fields below must be comp I attest, under penalty of p	ranslator. oleted and signe perjury, that I h	A prepare ed when p ave assi	er(s) and/o preparers	r translate s and/or	translators	•	oyee in c	completin	g Section 1.)		
knowledge the information Signature of Preparer or Trans		orrect.					Todav's [Date (mm/	(dd/vvvv)		
								- 3.0 (111111	,,,,,,,		
Last Name (Family Name)					First Name	e (Given Name)					
Address (Street Number and N	lame)			City	or Town			State	ZIP Code		

Employer Completes Next Page

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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized repremust physically examine one docum of Acceptable Documents.")											
Employee Info from Section 1	Last Name (Family Name)			First Name (Given Nar		me)	M.I.	Citize	enship/Immigration Status		
List A Identity and Employment Auth	OR orization		List Iden			AND	·	Empl	List C oyment Authorization		
Document Title		Document Ti	itle			Doc	ument Ti	tle			
Issuing Authority		Issuing Auth	ority			Issu	ing Auth	ority			
Document Number		Document Number					Document Number				
Expiration Date (if any)(mm/dd/yyyy	y)	Expiration Da	ate (if any)(ı	mm/dd/yyyy	/)	Ехр	iration Da	ate (if ar	ny)(mm/dd/yyyy)		
Document Title											
Issuing Authority		Additional	Informatio	n					Code - Sections 2 & 3 Not Write In This Space		
Document Number											
Expiration Date (if any)(mm/dd/yyyy	y)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any)(mm/dd/yyyy	<i>y)</i>										
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)											
Signature of Employer or Authorize	d Representative	•	Today's Da	te (mm/dd/	yyyy) Tit	le of Em	ployer or	Authoria	zed Representative		
Last Name of Employer or Authorized F	ne of Employer or Authorized Representative				Employer's Business or Organization Name Canyon-Owyhee School Service Agency						
Employer's Business or Organization 109 Penny Lane,	on Address (Stree	et Number ar	nd Name)	City or To Wilder	wn			State D	ZIP Code 83676		
Section 3. Reverification a	and Rehires	(To be com	pleted and	l signed by	v employer	or auth	norized ı	eprese	ntative.)		
A. New Name (if applicable)									oplicable)		
Last Name (Family Name)	First Na	ame <i>(Given ∖</i>	lame)	Mic	ddle Initial	Date	(mm/dd/	yyyy)			
C. If the employee's previous grant continuing employment authorizatio				provide the	e information	for the	docume	nt or rec	eipt that establishes		
Document Title				Document Number Expiration Date (if any) (mm/dd/yyy					Pate (if any) (mm/dd/yyyy)		
I attest, under penalty of perjury the employee presented docum											
Signature of Employer or Authorize	d Representative	e Today's	Date (mm/c	dd/yyyy)	Name of E				epresentative Agency		

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN		LIST C Documents that Establish Employment Authorization	
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH	
4.	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth,	2.	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or	
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:(1) The same name as the passport;		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 		territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)	
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the	3	Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
6	proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of		For persons under age 18 who are unable to present a document listed above:		Employment authorization document issued by the Department of Homeland Security	
0.	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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