

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 Information than the first day of employment, but not				st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Name)			Middle Initial	Idle Initial Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Number	Apt. Number City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address						Employee's Telephone Number		
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.									
I attest, under penalty of perjury, that I	am (check one of the	e follow	ing boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Registration Number/USCIS Number):									
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):									
Some aliens may write "N/A" in the expiration date field. (See instructions)									
Aliens authorized to work must provide only o An Alien Registration Number/USCIS Number	r OR Form I-94 Admissio						QR Code - Section 1 Not Write In This Space		
1. Alien Registration Number/USCIS Number: OR									
2. Form I-94 Admission Number: OR				_					
3. Foreign Passport Number:				_					
Country of Issuance:				_					
Signature of Employee Today's Date (mm.						/dd/yyyy)			
Preparer and/or Translator Certing I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tr ned when preparers a	anslator(nd/or tra	anslators a	assist an empl	oyee in c	ompleting	g Section 1.)		
I attest, under penalty of perjury, that I I knowledge the information is true and of		comple	etion of S	ection 1 of th	is form a	and that t	to the best of my		
Signature of Preparer or Translator					Today's E	Date (mm/d	dd/yyyy)		
Last Name (Family Name)			First Nam	e (Given Name)	l				
Address (Street Number and Name)		City or	Town			State	ZIP Code		

STOP

Employer Completes Next Page

STOP



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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

or Acceptable Documents.)												
Employee Info from Section 1	Section 1 Last Name (Family Name)			First Name (Given Nam			n Name	e)	M.I.	Citizer	nship/Immigration Status	
List A OR Identity and Employment Authorization			R	List B AN Identity				ID List C Employment Authorization				
Document Title			Document Title Document Title									
Issuing Authority			Issuing Autho			Issuing Authority						
Document Number			Document Nu	umber		Document N			ent Num	Number		
Expiration Date (if any)(mm/dd/yyy	у)		Expiration Da	r)(mm/dd/	(yyyy)		Expiration	y)(mm/dd/yyyy)				
Document Title												
Issuing Authority			Additional	Informa	tion						Code - Sections 2 & 3 ot 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/yyy	y)											
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 Authorized Representative Today's D					Date(mm/	(dd/yyyy)	Title of Employer or Authorized Representative Student Employment & Payroll Coordinator					
Last Name of Employer or Authorized Representative Stichka First Name of Employer or Mindy			or Authoriz	ed Represen	tative Employer's Business or Organization Name Northwestern College							
Employer's Business or Organization 101 7th Street SW	on Addres	s (Stre	eet Number an	d Name)	1 1	r Town ge City		1	Sta I	te A	ZIP Code 51041	
Section 3. Reverification	and Reh	nires	(To be comp	oleted a	nd signe	d by emplo	oyer oı	r authoriz	ed reg	oresen	tative.)	
A. New Name (if applicable)								B. Date o			· · · · · · · · · · · · · · · · · · ·	
Last Name (Family Name)	F	First N	Name (Given Name)			Middle Init	ial	Date (mn	n/dd/yy	уу)		
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				nent Nun	nt Number Expiration Date (if any) (mm/dd/y				ate (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												

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 LIST C Documents that Establish Employment Authoriza AND				
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR MORK ONLY WITH		
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		color, and address 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) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued		
	that contains a photograph (Form I-766) For a nonimmigrant alien authorized		gender, height, eye color, and address 3. School ID card with a photograph		by the Department of State (Form FS-545) Certification of Report of Birth		
	to work for a specific employer because of his or her status: a. Foreign passport; and		 Voter's registration card U.S. Military card or draft record Military dependent's ID card 	4.	issued by the Department of State (Form DS-1350) Original or certified copy of birth certificate issued by a State,		
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and		7. U.S. Coast Guard Merchant Mariner Card	5.	county, municipal authority, or territory of the United States bearing an official seal		
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		Native American tribal document Driver's license issued by a Canadian government authority		Native American tribal document U.S. Citizen ID Card (Form I-197)		
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)		
6.	Passport from the Federated States of 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	8.	Employment authorization document issued by the Department of Homeland Security		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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