Employment Eligibility Verification

(Form I-9)

1 FMPLOVEE	E INFORMATION AND VE	RIFICATION: (To be	completed and signed l	ov emplove	e)
Name: (Print or Type) Last		First	Middle	by employed	Birth Name
Address: Street Name and Number Date of Birth (Month/Day/Year)		City	State		ZIP Code
			Social Security Number	er	
I attest, under pena	alty of perjury, that I am (check	a box):			
	en or national of the United States.	,			
2. An aliei	n lawfully admitted for permanent	residence (Alien Number A	\).	
	n authorized by the Immigration a on Number				
					ligibility are genuine and relate to me. I am in connection with this certificate.
Signature			Date (Month/Day/Yea	r)	
	PREPARER/TRANSLATOR CERT		ned individual and is based or	all information	
Signature			Name (Print or Type)		
	Address (Street Name and Nur	nber)	City	State	Zip Code
Instructions: Examine one document from List A and check the approp Provide the <i>Document Identification Number and Expire</i> List A Documents that Establish Identity and Employment Eligibility		Epiration Date for the documents		and one from	List C and check the appropriate boxes. List C Documents that Establish Employment Eligibility
 □ 1. United States Passport. □ 2. Certificate of United States Citizenship □ 3. Certificate of Naturalization □ 4. Unexpired foreign passport with attached Employment Authorization 		issued I.D. card vinformation, incl birth, height, wei	I driver's license or a State with a photograph, or uding name, sex, date of ght, and color of eyes. Card	> -	 1. Original Social Security Number Card (other than a card stating it is not valid for employment) 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification. 3. Unexpired INS Employment Authorization (Specify form)
5. Alien Registration Card with photograph					#
Document Identification Do		Document Identificat	ion		Document Identification
#		#			#
Expiration Date (if any)		Expiration Date (if an	ny)		Expiration Date (if any)
	: I attest, under penalty of perjuindividual named, and that the	• -	_	•	ve individual, that they appear to be genuine he United States.
Signature		Name (Print	or Type)		Title
Employer Name		Address			Date

Form I-9 (05/07/87) OMB No. 1115-0136