



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 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) SERVER | | First Name (Given Name) SALLY | | Middle Initial Q | Other Names Used (if any) N/A |
| Address (Street Number and Name) 1234 MAIN STREET | | Apt. Number 5 | City or Town ANYTOWN | | State CO ZIP Code 12345 |
| Date of Birth (mm/dd/yyyy) 01/01/2000 | U.S. Social Security Number 3 5 0 - 1 2 - 1 2 3 4 | | Employee's E-mail Address SALLY.SERVER@GMAIL.COM | | Employee's Telephone Number (303) 555-5555 |


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 following boxes):

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> 1. A citizen of the United States |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A Some aliens may write "N/A" in the expiration date field. (See instructions) |

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: N/A
 OR
 2. Form I-94 Admission Number: N/A
 OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


| | |
|----------------------------------------------|-----------------------------------------|
| Signature of Employee <i>Sally Server</i> | Today's Date (mm/dd/yyyy) 09/01/2017 |
|----------------------------------------------|-----------------------------------------|

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|-------------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| 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.")

| | | | | |
|-------------------------------------|-----------------------------------|----------------------------------|-----------|-------------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) SERVER | First Name (Given Name) SALLY | M.I. Q | Citizenship/Immigration Status 1 |
|-------------------------------------|-----------------------------------|----------------------------------|-----------|-------------------------------------|

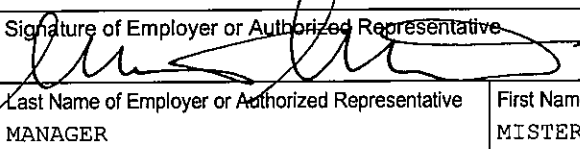
List A
OR
List B
AND
List C
 Identify and Employment Authorization Identity Employment Authorization

| | | |
|----------------------------------------------------|---------------------------------------------|---------------------------------------------|
| Document Title U.S. Passport | Document Title N/A | Document Title N/A |
| Issuing Authority U.S. Department of State | Issuing Authority N/A | Issuing Authority N/A |
| Document Number 99872134 | Document Number N/A | Document Number N/A |
| Expiration Date (if any)(mm/dd/yyyy) 12/31/2020 | Expiration Date (if any)(mm/dd/yyyy) N/A | Expiration Date (if any)(mm/dd/yyyy) N/A |

| | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Document Title N/A | <div style="border: 1px solid black; padding: 5px; min-height: 200px;"> <p align="center">Additional Information</p> </div> | <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>QR Code - Section 2 Do Not Write In This Space</p>  </div> |
| Issuing Authority N/A | | |
| Document Number N/A | | |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | |
| Document Title N/A | | |
| Issuing Authority N/A | | |
| Document Number N/A | | |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | |
| Document Title N/A | | |
| Issuing Authority N/A | | |

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): 09/01/2017 (See instructions for exemptions)

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|-------------------------------------------------------------------|-------------------|
| Signature of Employer or Authorized Representative  | | Today's Date (mm/dd/yyyy) 09/01/2017 | Title of Employer or Authorized Representative GENERAL MANAGER | |
| Last Name of Employer or Authorized Representative MANAGER | | First Name of Employer or Authorized Representative MISTER | Employer's Business or Organization Name BIG RED F RESTAURANT | |
| Employer's Business or Organization Address (Street Number and Name) 5440 CONESTOGA COURT | | City or Town BOULDER | State CO | ZIP Code 80301 |

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

| | | | | |
|------------------------------------|-------------------------|----------------|------------------------------------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | 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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|