

Sample I 9 Form

Section 1 – Page 1

1 Employee or Caregiver completes Section 1

2 Employee or Caregiver checks one box

3 Employee or Caregiver signs and dates

Section 1. Employee Information and Attestation <small>(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.)</small>					
Last Name (Family Name) Doe		First Name (Given Name) John		Middle Initial A	Other Last Names Used (if any) N/A
Address (Street Number and Name) 123 Main Street			Apt. Number 1	City or Town Washington	State DC ZIP Code 00000
Date of Birth (mm/dd/yyyy) 01/01/1970	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address johndoe@email.com		Employee's Telephone Number 202-123-4567
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): _____					
<input type="checkbox"/> 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 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.					QR Code - Section 1 Do 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 <i>John A. Doe</i>			Today's Date (mm/dd/yyyy) _____ Date Employee Completes Section 1		

Turn over for Page 2 of Sample I 9

Section 2 – Page 2

1 Employee or Caregiver completes Section 1

2 Employee or Caregiver enter ID.

List A only – print 1 document only

OR

List B AND C – print 2 documents

3 Employer or Another Adult verifies ID's, signs and dates

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) Doe	First Name (Given Name) John	M.I. A	Citizenship/Immigration Status 1
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List A OR **List B AND List C**

Identity and Employment Authorization OR **Identity** AND **Employment Authorization**

Document Title U.S. Passport	Document Title Driver License OR State ID	Document Title Social Security Card OR Birth Certificate
Issuing Authority Department of State	Issuing Authority WI	Issuing Authority SSA State of WI
Document Number 123456789	Document Number A123-456-7890	Document Number 123-45-6789 987654
Expiration Date (if any) (mm/dd/yyyy) 01/01/2023	Expiration Date (if any) (mm/dd/yyyy) 01/01/2026	Expiration Date (if any) (mm/dd/yyyy) NA NA

Additional Information

Signature Code - Sections 2 & 3
(Do Not Write in This Space)

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): **Date Employee Completes Section 1** (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Jane Doe</i>	Today's Date (mm/dd/yyyy) See Above	Title of Employer or Authorized Representative Manager
Last Name of Employer or Authorized Representative Doe	First Name of Employer or Authorized Representative Jane	Employer's Business or Organization Name America's Business
Employer's Business or Organization Address (Street Number and Name) 123 Star Spangled Way	City or Town Washington	State DC
		ZIP Code 00000

If you don't have another adult available to verify your documentation and sign off, then provide a clear copy of your documents and FA will sign below