Employment Eligibility Verification



Department of Homeland Security

USCIS Form I-9 OMB No.1615-0047 Expires 07/31/2026

U.S. Citizenship and Immigration Services

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for falling to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

| 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) | | (Given Name) | Middle Initial (if any) Other La | | st Names Used (if any) | | | | |
| Address (Street Number and Name) | Aı | ot, Number (if a | ny) City or Town | | ı | State | ZIP Code | | |
| Date of Birth (mm/dd/yyyy) U.S. Social Security Number | | | Employee's Email Address | | | | Employee's Telephone Number | | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or | | | | | | | | | |
| immigration status, is true and | USCIS A-Numl | ber OR Fo | orm I-94 Admission | Number | Foreign Passp | ort Number a | nd Country of Issuance | | |
| correct. | | <u> </u> | | | | | | | |
| Signature of Employee Today's Date (mm/dd/yyyy) If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3. | | | | | | | | | |
| | | | | | | | | | |
| Section 2. Employer Review and business days after the employee's firs authorized by the Secretary of DHS, do documentation in the Additional Inform | t day of employme ocumentation from ation box: see Inst | nt, and must List A OR a c ructions. | physically examin ombination of doc | e, or examir cumentation | must complete a ne consistent with from List B and | h an aiternat List C. Enter | live procedure any additional | | |
| | List A | OR | List | В | AND | | List C | | |
| Document Title 1 | | | | | | | | | |
| Issuing Authority Document Number (if any) | | —— } | | | | | | | |
| Expiration Date (if any) | | | | | | | | | |
| Document Title 2 (if any) | | Ad | ditional Informat | ion | | | | | |
| Issuing Authority | | | | | | | | | |
| Document Number (if any) | | | | | | | | | |
| Expiration Date (if any) | | | | | | | | | |
| Document Title 3 (If any) | | | | | | | | | |
| Issuing Authority | | | | | | | | | |
| Document Number (if any) | | | | | | | | | |
| Expiration Date (if any) | | | | | | rized by DHS | to examine documents. | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | | | | | |
| Last Name, First Name and Title of Employe | r or Authorized Repre | esentative | Signature of Emple | oyer or Autho | rized Representation | /e T | oday's Date (mm/dd/yyyy) | | |
| Employer's Business or Organization Name Royal Associates/Royal Staffing Services Employer's Business or Organization Address, City or Town, State, ZIP Code 3625 E Thousand Oaks Blvd., Suite 245, Westlake Village, CA | | | | | | illage, CA 91362 | | | |

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A | | LIST B | LIST C | | | | |
|---|----|---|--|--|--|--|--|
| Documents that Establish Both Identity and Employment Authorization | OR | Documents that Establish Identity ANI | Documents that Establish Employment | | | | |
| 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and | | 1. 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 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, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record | 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 INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States | | | | |
| b. Form I-94 or Form I-94A that has the following: | | 6. Military dependent's ID card | bearing an official seal | | | | |
| (1) The same name as the | | 7. U.S. Coast Guard Merchant Mariner Card | 4. Native American tribal document | | | | |
| passport; and (2) An endorsement of the | | 8. Native American tribal document | 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident | | | | |
| individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or | | Driver's license issued by a Canadian government authority | Citizen in the United States (Form I-179) | | | | |
| | | For persons under age 18 who are unable to present a document listed above: | 7. Employment authorization document issued by the Department of Homeland Security For examples, see <u>Section 7</u> and | | | | |
| limitations identified on the form. 6. Passport from the Federated States of | | 10. School record or report card | Section 13 of the M-274 on uscis.gov/i-9-central. | | | | |
| 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 | | 11. Clinic, doctor, or hospital record | The Form I-766, Employment | | | | |
| | | 12. Day-care or nursery school record | Authorization Document, is a List A, Item Number 4. document, not a List C document. | | | | |
| | | Acceptable Receipts | | | | | |
| May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | | | | | |
| Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. Refer to the Employment Authorization Extension. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. | | | | |

^{*}Refer to the Employment Authorization Extensions page on I-9 Central for more information.