ARCC CONSULTING ONLY NEEDS PAGE ONE

Please put employee's personal email address vs work email address **Employment Eligibility Verification** 



**Department of Homeland Security** U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

► 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)		First Name (Given Name)			Middle Initial	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number City or Town					State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Security Num				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 following boxes):

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 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 Pr.
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)

STOP

### Preparer and/or Translator Certification (check one):

STOP

>>>>

I did not use a preparer or translator.

## (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 D	)ate <i>(mm/d</i>	d/yyyy)
Last Name <i>(Family Name)</i>		First Name (Given Name)			
Address (Street Number and Name)	City o	r Town		State	ZIP Code

Employer: Make sure you complete this entire document and follow the instructions listed below.



## **Employment Eligibility Verification**

**Department of Homeland Security** U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047

Expires 10/31/2022

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	e (Family Name)	( <mark>First Name</mark>	(Given Name)	M.I. (Citizenship/Immigration Status)				
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization				
Document Title	Document Tit	le	Docum	ent Title				
Issuing Authority	Issuing Autho	rity	Issuing	Authority				
Document Number	Document Nu	Imber	Docum	Document Number				
Expiration Date (if any) (mm/dd/yyyy)	Expiration Da	te (if any) (mm/dd/yyyy)	Expirat	ion Date ( <i>if any</i> ) ( <i>mm/dd/yyyy</i> )				
Document Title				]				
Issuing Authority	Additional I	Information		QR Code - Sections 2 & 3 Do Not Write In This Space				
Document Number								
Expiration Date (if any) (mm/dd/yyyy)								
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any) (mm/dd/yyyy)								

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 <mark>(mm/dd/yyyy)</mark> : (See							instructions for exemptions)			
Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy) Title			Title o	e of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First		st Name of Employer or Authorized Representativ			ntative	Employer's Business or Organization Name				
Employer's Business or Organization Address (Street		umber and	mber and Name) City or Tow		Town	n		State	ZIP Code	
Section 3. Reverification and Re	hires (To	be comple	eted and	signed	l by emplo	oyer or	authorize	ed represe	ntative.)	
A. New Name (if applicable)						E	B. Date of Rehire (if applicable)			
Last Name <i>(Family Name)</i>	e (Family Name) First Name (Given Na			Middle Initial Date (mm/dd/)			/dd/yyyy)			
<b>C.</b> 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 Da			ate <i>(mm/c</i>	ld/yyyy)	Name	e of Emp	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	)R	LIST B Documents that Establish Identity AM	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		<ul> <li>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</li> <li>ID card issued by federal, state or local</li> </ul>	1.	<ul> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:</li> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH</li> </ul>
4.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	DHS AUTHORIZATION
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and	4 5	••••••••••••••••••••••••••••••	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	<ul> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport; and</li> </ul>		. U.S. Coast Guard Merchant Mariner Card	4. 5.	-
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the	-	<ul> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> </ul>	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
	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:		Employment authorization document issued by the Department of Homeland Security
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	11	<ol> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>		

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

Refer to the instructions for more information about acceptable receipts.