

I-9, Section 1

1. Employee completes

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Doe,	First John	Middle Initial D	Maiden Name
Address (Street Name and Number) 456 Happy Lane		Apt. #	Date of Birth (month/day/year) 4/10/77
City Small Town	State Tx	Zip Code 00000	Social Security # 123-45-6789

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):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #)
- An alien authorized to work until 05/31/03
(Alien # or Admission #)

Employee's Signature <i>John D. Doe</i>	Date (month/day/year) 7/20/01
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

3. Be sure employee signs & dates form

2. Be sure employee checks one of the boxes. If box 2 or box 3 is checked, the blank must be filled in.