

### 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.

First Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 # A\_\_\_\_\_)  
 An alien authorized to work until \_\_\_/\_\_\_/\_\_\_ (Alien # or Admission #) \_\_\_\_\_

Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**COMPLETE**

**SIGN HERE**

**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) \_\_\_\_\_

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee and that the listed document(s) appear to be authentic and relate to the employee named, that to the best of my knowledge the information is true and correct. (State employee's name and date the employee began work.)

A. Name, title or appointment \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
B. By \_\_\_\_\_ DO \_\_\_\_\_  
C. If employee's previous grant of work authorization is still valid, attach a copy of that document. \_\_\_\_\_  
I attest, under penalty of perjury, that to the best of my knowledge the information is true and correct. \_\_\_\_\_  
Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**US  
Passport**

**Drivers License  
Federal ID  
School Picture ID  
Voter Registration  
Card  
US Military Card**

**US Social  
Security  
Card  
Birth  
Certificate**