

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 than the first day of employment, but not			ust complete and	d sign Se	ection 1 o	f Form I-9 no later			
Last Name (Family Name)	First Name (Given Name) Middle Initial			Other L	Other Last Names Used (if any)				
Address (Street Number and Name)	ss (Street Number and Name) Apt. Number City or Town								
Date of Birth (mm/dd/yyyy) U.S. Social Sec	eurity Number 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 a	am (check one of the	e following box	kes):						
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 (expira				_					
Some aliens may write "N/A" in the expiration date field. (See instructions) QR Code - Section 1									
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.									
Alien Registration Number/USCIS Number: OR									
2. Form I-94 Admission Number: OR									
3. Foreign Passport Number:									
Country of Issuance:									
Signature of Employee /s/			Today's Date	e (<i>mm/dd</i> /	<i>/уууу)</i>				
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (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 /s/				Today's [Date (mm/c	dd/yyyy)			
Last Name (Family Name)		First Nan	ne (Given Name)						
Address (Street Number and Name)		City or Town			State	ZIP Code			

STOP

Employer Completes Next Page

STOP

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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	Name (Fa	mily Name)		First Name (Given Name)			M.I.	Citize	nship/Immigration Status	
List A Identity and Employment Authoriza	OF	3	List Iden			ANI)		Emnl	List C oyment Authorization
Document Title	uon	Degument T		uty			Docume	ont Title		oyment Authorization
Document Title		Document T	itie				Docume	311L 11LI	5	
Issuing Authority		Issuing Auth	nority				Issuing	Author	rity	
Document Number	Document Number				Document Number					
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if any) (mm/dd/yyyy)					y) (mm/dd/yyyy)			
Document Title								,		
Issuing Authority		Additiona	l Informatio	n						Code - Sections 2 & 3 lot 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 (mm/dd/yyyy): (See instructions for exemptions)										
Signature of Employer or Authorized Rep	resentativ	'e	Today's Da	te (mm/dd	<i>/yyyy)</i> T	itle of	Employ	er or A	Authoriz	zed Representative
Last Name of Employer or Authorized Representative First Name of Employer or			Authorized I	Representativ	ve	Employer's Business or Organization Name Colorado State University Pueblo				
Employer's Business or Organization Add	dress (<i>Stre</i>	eet Number a	nd Name)	City or To	own			Sta	ate	ZIP Code
2200 Bonforte Blvd.				Pueblo				C	O	81001-4901
Section 3. Reverification and I	Rehires	(To be com	pleted and	signed b	y employe	er or a	authoriz	zed re	presei	ntative.)
A. New Name (if applicable)						В	. Date o	f Rehir	e (if ap	pplicable)
Last Name (Family Name)	First N	lame <i>(Given I</i>	Vame)	М	iddle Initial	D	ate (mr	n/dd/yy	vyy)	
C. If the employee's previous grant of employment authorization in the				provide th	ne information	on for	the doo	ument	or rece	eipt that establishes
Document Title			Docume	nt Numbe	r			Expir	ation D	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, tha the employee presented document(s										
Signature of Employer or Authorized Rep	-		Date (mm/c							epresentative

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	OR	LIST B Documents that Establish Identity AN	۱D	LIST C Documents that Establish Employment Authorization		
3.	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- readable immigrant visa Employment Authorization Document		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 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,	2.	- I		
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has	5	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 6. Military dependent's ID card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal		
	the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	8	 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian 	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United		
			government authority For persons under age 18 who are unable to present a document listed above:		States (Form I-179) 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		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record				

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

Refer to the instructions for more information about acceptable receipts.

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