



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) Simmons		First Name (Given Name) Noah		Middle Initial N/A	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 Approval Way			Apt. Number 55	City or Town Jacksonville		State FL
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 1 2 3 - 5 4 - 6 6 6 6		Employee's E-mail Address NSimmons@gmail.com		Employee's Telephone Number (617) 333-1233

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):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>	
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>07/20/2021</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: <u>000000773</u> OR</p> <p>2. Form I-94 Admission Number: <u>N/A</u> OR</p> <p>3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u></p>	<p align="center">QR Code - Section 1 Do Not Write In This Space</p> 

Signature of Employee <i>Norah Simmons</i>	Today's Date (mm/dd/yyyy) 03/30/2020
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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			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (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	Last Name (Family Name) Simmons	First Name (Given Name) Noah	M.I. N/A	Citizenship/Immigration Status 4
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security card (unrestricted)
Issuing Authority N/A		Issuing Authority Virginia		Issuing Authority Social Security Administration
Document Number N/A		Document Number T12345678		Document Number 123546666
Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) 08/25/2023		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> <p>Additional Information</p> <p>Remote Inspection Completed on 03/30/2020</p> <p>COVID-19 Documents Physically examined on 07/30/2020 by MS</p> </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>QR Code - Section 2 Do Not Write In This Space</p>  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				

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): 03/30/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Martha Smith</i>		Today's Date (mm/dd/yyyy) 03/30/2020	Title of Employer or Authorized Representative HR Specialist	
Last Name of Employer or Authorized Representative Smith		First Name of Employer or Authorized Representative Martha	Employer's Business or Organization Name America Talent, INC	
Employer's Business or Organization Address (Street Number and Name) 44 The Right Way Street		City or Town Jacksonville	State FL	ZIP Code 32207

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. 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)
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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 Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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