SU Box

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Grad Year _____USCIS

Form I-9OMB No. 1615-0047
Expires 08/31/2019

► 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.

an individual because the documentation p	resented has a futu	re expira	illon date i	nay also cons	litute ille	gai discrii	nination.		
Section 1. Employee Information than the first day of employment, but not				st complete an	d sign S	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Name)			Middle Initial	iddle Initial Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Numbe	lumber City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	rth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address				E	mployee'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.									
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 Dat	e (mm/da	//уууу)			
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and signal	A preparer(s) and/or ed when preparers	translator and/or tr	anslators a	assist an empl	oyee in c	completing	g 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)						dd/yyyy)			
Last Name (Family Name) First Name (Given Name)									
Address (Street Number and Name)	Address (Street Number and Name) City or To					State	ZIP Code		
L						1			

STOP

Employer Completes Next Page



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

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.")

of Acceptable Documents.")										
Employee Info from Section 1	Last Name	(Famil	ly Name)		First Name	e (Given Nam	ne) N	M.I. Citize	Citizenship/Immigration Status	
List A Identity and Employment Auth				List B Al Identity			ND	ID List C Employment Authorization		
Document Title		D	ocument Tit	le			Documer	nt Title		
Issuing Authority			Issuing Authority				Issuing Authority			
Document Number Docum			ocument Nu	ımber			Docume	Document Number		
Expiration Date (if any)(mm/dd/yyyy) Expira			xpiration Da	iration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy)					ny)(mm/dd/yyyy)	
Document Title										
Issuing Authority Addit			Additional I	Informatio	nformation QR Code - Sections 2 & 3 Do Not Write In This Space					
Document Number										
Expiration Date (if any)(mm/dd/yyy	y)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Certification: I attest, under pe (2) the above-listed document(semployee is authorized to work	s) appear	o be g	enuine and							
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)									mptions)	
Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative						zed Representative				
Last Name of Employer or Authorized Representative First Name of			rst Name of E	Employer or A	or Authorized Representative Employer's Business or Ord Bowdoin College				-	
Employer's Business or Organization Address (Street Number a 216 Maine Street			Number and	d Name)	City or Town Brunswick			State ME	ZIP Code 04011	
Section 3. Reverification	and Reh	ires (7	To be comp	oleted and	signed by	employer o	r authoriz	ed represe	ntative.)	
A. New Name (if applicable)		,			,			Rehire (if a)		
Last Name (Family Name)	F	rst Nam	ne <i>(Given Na</i>	ame)	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				Docume	nt Number			Expiration D	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 Authorize				Date (mm/d					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	ID	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 that contains a photograph (Form		2.	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, gender, height, eye color, and address		A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms
5.	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 the following: (1) The same name as the passport;		4. 5. 6.	School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	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 Native American tribal document U.S. Citizen ID Card (Form I-197)
	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.		9.	Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United 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	11.		School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 07/17/17 N Page 3 of 3