

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

► 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				st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Name)			Middle Initial	ddle Initial Other Last Names Used (if any)				
Address (Street Number and Name)	Apt. Number	Apt. Number City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	th (mm/dd/yyyy) U.S. Social Security 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	am (check one of the	e follow	ing boxe	s):					
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 o An Alien Registration Number/USCIS Number	r OR Form I-94 Admissio						QR Code - Section 1 Not Write In This Space		
1. 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 Date (mm.						⁽ dd/yyyy)			
Preparer and/or Translator Certing I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tr ned when preparers a	anslator(nd/or tra	anslators a	assist an empl	oyee in c	ompleting	g Section 1.)		
I attest, under penalty of perjury, that I I knowledge the information is true and of		comple	etion of S	ection 1 of th	is form a	and that t	to the best of my		
Signature of Preparer or Translator					Today's E	Date (mm/d	dd/yyyy)		
Last Name (Family Name)			First Nam	e (Given Name)	l				
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

must physically examine one docu of Acceptable Documents.")												
Employee Info from Section 1 Last Name (Family Name)			ly Name)	First Name (Given Name			lame)) M	1.I. C	Citizen	ship/Immigration Status	
List A Identity and Employment Aut	horization	OR		List Iden			ANI	D	E	mplo	List C yment Authorization	
Document Title			ocument T	itle				Documen	t Title			
Issuing Authority			Issuing Authority					Issuing Authority				
Document Number			Document Number					Document Number				
Expiration Date (if any)(mm/dd/yyyy)		F	Expiration Date (if any)(mm/dd/yyyy)					Expiration Date (if any)(mm/dd/yyyy)				
Document Title												
Issuing Authority			Additional	Informatio	n						ode - Sections 2 & 3 t Write In This Space	
Document Number												
Expiration Date (if any)(mm/dd/yy)	yy)											
Document Title												
Issuing Authority												
Document Number												
Expiration Date (if any)(mm/dd/yy)	yy)											
Certification: I attest, under po (2) the above-listed document employee is authorized to wor	(s) appea	r to be g	jenuine an									
The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)												
Signature of Employer or Authorized Representative				Today's Date(mm/dd/yyyy) Title				of Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of Em					or Authorized Representative E				Employer's Business or Organization Name Bergen Community College			
Employer's Business or Organization Address (Street Number a 400 Paramus Road			Number ar	nd Name)	Name) City or Town Paramus				State		ZIP Code 07652	
Section 3. Reverification	and Re	hires (7	To be com	pleted and	signed by	employe	er or a	authorize	ed repr	esent	tative.)	
A. New Name (if applicable)						В	. Date of I	Rehire	(if app	licable)		
Last Name (Family Name)		First Nan	ne <i>(Given N</i>	Middle Initial			Date (mm/dd/yyyy)					
C. If the employee's previous grant continuing employment authorization					provide the	information	on for	the docu	ment or	recei	pt that establishes	
Document Title Document Number								Expirati	on Da	te (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.												
				Date (mm/c	/dd/yyyy) Name of Emp			ployer or Authorized Representative				

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 LIST C Documents that Establish Employment Authoriza AND			
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR WORK ONLY WITH	
	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued	
	that contains a photograph (Form I-766) For a nonimmigrant alien authorized		information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph		by the Department of State (Form FS-545) Certification of Report of Birth	
	to work for a specific employer because of his or her status: a. Foreign passport; and		 Voter's registration card U.S. Military card or draft record Military dependent's ID card 	4.	issued by the Department of State (Form DS-1350) Original or certified copy of birth certificate issued by a State,	
	b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and		7. U.S. Coast Guard Merchant Mariner Card	5.	county, municipal authority, or territory of the United States bearing an official seal	
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		8. Native American tribal document9. Driver's license issued by a Canadian government authority		Native American tribal document U.S. Citizen ID Card (Form I-197)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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)	
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 card11. Clinic, doctor, or hospital record12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security	

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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