

Please read instructions 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. Companies **CANNOT** specify which document(s) they will accept from an Applicant. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Applicant Information and Verification.** To be completed and signed by Applicant at the time employment

Print 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 #
<b>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.</b>		<b>I attest, under penalty of perjury, that I am (check one of the following):</b> A citizen or national of the United States _____ A Lawful Permanent Resident (Alien # A _____) An alien authorized to work ___/___/___ (Alien # or Admission # _____)	
Applicant's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a applicant other than the Applicant.) / attest, under penalty of perjury, that / 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. Company Review and Verification.** To be completed and signed by Company. 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

<b>List</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
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 Applicant, that the above-listed document(s) appear to be genuine and to relate to the Applicant named, that the Applicant began employment on \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the Applicant is eligible to work in the United States. (State employment agencies may omit the date the Applicant began

Signature of Company or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, ZIP)	Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If Applicant's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility

Document Title: \_\_\_\_\_ Document # \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this Applicant is eligible to work in the United States, and if the Applicant presented document(s), the document(s) I have examined appear to be genuine and to relate to the Individual.

Signature of Company or Authorized Representative	Date (month/day/year)
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