



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.

an individual because the documentation	presented has a futur	e expiration date	may also const	itute illeg	al discrir	mination.		
Section 1. Employee Information than the first day of employment, but n			ist complete and	d sign Se	ction 1 c	f Form I-9 no later		
Last Name (Family Name)	First Name (Given Na	st Name (Given Name)		Other La	er Last Names Used (if any)			
VACHON	6 ALEN		ρ			NIA		
Address (Street Number and Name)	Apt, Number	Apt, Number City or Town			State	ZIP Code		
723 N. PETERSON AVE	138	COLLING			NJ	08107		
Date of Birth (<i>mm/dd/yyyy</i>) 12/18/1981 365-		oloyee's E-mail Add PVACHOVO	<u>.</u>			Telephone Number		
I am aware that federal law provides for connection with the completion of this	s form.			r use of	false do	cuments in		
I attest, under penalty of perjury, that 1. A citizen of the United States	am (check one of th	e following box	es).					
2. A noncitizen national of the United Star	tes (See instructions)							
3. A lawful permanent resident (Alien F		IS Number):						
4. An alien authorized to work until (exp			A/ 120/2	2010				
Some aliens may write "N/A" in the exp			00/20/0	010				
Aliens authorized to work must provide only An Alien Registration Number/USCIS Numb 1. Alien Registration Number/USCIS Number	er OR Form I-94 Admissi	ion Number OR Foi	omplete Form I-9. reign Passport Nu	: Imber.	Do	QR Code - Section 1 Not Write In This Space		
2. Form I-94 Admission Number:								
3. Foreign Passport Number:								
Country of Issuance:								
Signature of Employee Galon Vachon				Today's Date (mm/dd/yyyy) 01/22/2017				
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and signature of perjury, that	A preparer(s) and/or to an	ranslator(s) assisted and/or translators	assist an emplo	yee in co	ompletin	g Section 1.)		
knowledge the information is true and		completion of s	section 1 of thi	s ioiiii a	nu that	to the best of my		
Signature of Preparer or Translator				Today's D	ate (mm/	dd/yyyy)		
Last Name (Family Name)		First Nar	me (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		
*					<u> </u>	N. C.		

Employer Completes Next Page



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Section 2. Employer or A (Employers or their authorized reprimust physically examine one document Acceptable Documents.")	esentative must cor	nplete and sign Sec	ction 2 within 3	business days of	the employ			
Employee Info from Section 1	Last Name (Family		First Name (Given Name)		M.I.	Citizenship/Immigration Status		
List A Identity and Employment Auth	OR	L	ist B lentity	AND		List C Employment Authorization		
Document Title EMP. ANTHORY ZATION		ocument Title		De	ocument Tit	ile		
Issuing Authority U.S. D.H.S		Issuing Authority		ls	Issuing Authority			
Document Number LIN 0000467894		Document Number		D	Document Number			
Expiration Date (if any)(mm/dd/yyy	Control of the Contro	Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)			
Document Title	-	13 DIGIT 1	.p. = 3 L	ETTERS+ 10	NUMBER			
Issuing Authority		Additional Informa	ation			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					L			
Document Number								
Expiration Date (if any)(mm/dd/yyy	y)							
Certification: I attest, under pe (2) the above-listed document(s employee is authorized to work The employee's first day of e	s) appear to be go in the United Sta mployment <i>(mm</i>	enuine and to relates. a/dd/yyyy): <u>Ø</u>		Oloyee named,	and (3) to	the best of my knowledge the		
Signature of Employer or Authorize	4	0//	22/2017	5550	Notas	Authorized Representative		
Last Name of Employer or Authorized F	Representative Fir	st Name of Employer To M	or Authorized Re			Susiness or Organization Name UNIVERSITY		
Employer's Business or Organization 3141 CNGTIMT		Number and Name)		OELPHA		tate ZIP Code		
Section 3. Reverification	and Rehires (\mathcal{T}	o be completed a	nd signed by					
A. New Name (if applicable)	First Nom	o (Cisan Nama)	Mid			ire (if applicable)		
Last Name (Family Name)	First Nam	e (Given Name)	IMIG	dle Initial Dat	e (mm/dd/)	(УУУ)		
C. If the employee's previous grant continuing employment authorizatio			ed, provide the	information for th	e documer	nt or receipt that establishes		
			ument Number			iration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjur the employee presented docum								
Signature of Employer or Authorized Representative Today's			n/dd/yyyy) Name of Employer or Authorized Representative			prized Representative		