

SAMPLE: ALIEN USING EMPLOYMENT AUTHORIZATION DOCUMENT



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 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.)

Form fields for employee information: Last Name (VACHON), First Name (GALEN), Middle Initial (P), Other Last Names Used (N/A), Address (723 N. PETERSON AVE), Apt. Number (13B), City or Town (COLLINGSWOOD), State (NJ), ZIP Code (08107), Date of Birth (12/18/1981), U.S. Social Security Number (365-74-3999), Employee's E-mail Address (GPVACHON@HOTMAIL.COM), Employee's Telephone Number (856-700-8000)

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):

Attestation options: 1. A citizen of the United States, 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 06/30/2018. Includes document number fields and QR code area.

Signature of Employee: Galen Vachon, Today's Date (mm/dd/yyyy): 01/22/2017

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

STCPI Employer Completes Next Page STCPI

