



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)												
Address (Street Number and Name)		Apt. Number (if any)	City or Town	State	ZIP Code										
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/>	Employee's Email Address			Employee's Telephone Number										
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): <input type="checkbox"/> 1. A citizen of the United States <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) _____ If you check Item Number 4., enter one of these: <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr><tr><td><input type="text"/></td><td></td><td><input type="text"/></td><td></td><td><input type="text"/></td></tr></table>				USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	<input type="text"/>		<input type="text"/>		<input type="text"/>
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance											
<input type="text"/>		<input type="text"/>		<input type="text"/>											
Signature of Employee		Today's Date (mm/dd/yyyy)													

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Document Number (if any)	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiration Date (if any)	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Document Title 2 (if any)	<input type="text"/>		Additional Information		
Issuing Authority	<input type="text"/>		<input type="text"/>		
Document Number (if any)	<input type="text"/>		<input type="text"/>		
Expiration Date (if any)	<input type="text"/>		<input type="text"/>		
Document Title 3 (if any)	<input type="text"/>		<input type="text"/>		
Issuing Authority	<input type="text"/>		<input type="text"/>		
Document Number (if any)	<input type="text"/>		<input type="text"/>		
Expiration Date (if any)	<input type="text"/>		<input type="text"/>		

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment
(mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Weller, Wendy Owner

Employer's Business or Organization Name
Wellers Inc

Employer's Business or Organization Address, City or Town, State, ZIP Code
555 W Michigan Avenue Saline MI 48176

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.