



**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.)*

|   |  |   |                    |  |                                       |   |
|---|--|---|--------------------|--|---------------------------------------|---|
| Last Name (Family Name)<br>Lewis                        |  | First Name (Given Name)<br>Carmen                 |                    | Middle Initial<br>M                                  | Other Last Names Used (if any)<br>N/a |   |
| Address (Street Number and Name)<br>145 Michelle Street |  |   | Apt. Number<br>145 | City or Town<br>Garden City                          |                                       | State<br>*GA                                |
| Date of Birth (mm/dd/yyyy)<br>06/11/1980                |  | U.S. Social Security Number<br>156747244 - [ ][ ] |                    | Employee's E-mail Address<br>Carmenlewis31@gmail.com |                                       | Employee's Telephone Number<br>973-336-4529 |

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):

|   |
|---|
| <input checked="" type="checkbox"/> 1. A citizen of the United States   |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/a</u>  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/a</u><br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> |

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: N/a  
**OR**  
 2. Form I-94 Admission Number: N/a  
**OR**  
 3. Foreign Passport Number: N/a  
 Country of Issuance: N/a

QR Code - Section 1  
 Do Not Write In This Space

|   |   |
|---|---|
| Signature of Employee <u>Carmen Lewis</u><br><small>Carmen Lewis (Jan 11, 2017)</small> | Today's Date (mm/dd/yyyy) <u>Jan 11, 2017</u> |
|---|---|

**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 |



*Employer Completes Next Page*







**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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization   | OR   | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|---|--|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card  |  | 1. 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 color, and address |     | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  |  | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address                |     | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)  |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  |  | 3. School ID card with a photograph   |     | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)  |
| 4. Employment Authorization Document that contains a photograph (Form I-766)  |  | 4. Voter's registration card  |     | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal   |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br><br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. |  | 5. U.S. Military card or draft record   |     | 5. Native American tribal document  |
|   |  | 6. Military dependent's ID card   |     | 6. U.S. Citizen ID Card (Form I-197)  |
|   |  | 7. U.S. Coast Guard Merchant Mariner Card   |     | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
|   |  | 8. Native American tribal document  |     | 8. Employment authorization document issued by the Department of Homeland Security  |
|   |  | 9. Driver's license issued by a Canadian government authority   |     |   |
|   | <b>For persons under age 18 who are unable to present a document listed above:</b> |   |     |   |
| 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 card  |     |   |
|   |  | 11. Clinic, doctor, or hospital record  |     |   |
|   |  | 12. Day-care or nursery school record   |     |   |

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.

**DRIVER'S LICENSE**  
 CLASSIFICATION: 000 0011940  
 CARMEN MICHELLE LEWIS  
 SEX: F  
 BIRTHDATE: 06/14/1980  
 HEIGHT: 5-07  
 HAIR: BRN  
 EYES: BRN  
 HAIR COLOR: BRN  
 EYE COLOR: BRN  
 SEX: F  
 BIRTHDATE: 06/14/1980  
 HEIGHT: 5-07  
 HAIR: BRN  
 EYES: BRN

Expired

**SOCIAL SECURITY**  
 THIS NUMBER IS ASSIGNED TO:  
 CARMEN MICHELLE LEWIS  
*Carmen Lewis*

**City of Newark, New Jersey**  
 MARIA JARVIS Register  
 Bureau of Vital Statistics

**This is to Certify** that the following is, or are, a record of birth in my office.  
**DO NOT ACCEPT THIS CERTIFICATE UNLESS THE HAS SEC SEAL OF THIS BUREAU IS AFFIXED HEREON**

|  |  |                                |                                 |
|--|--|--------------------------------|---------------------------------|
| NAME OF CHILD<br>Carmen Michelle Lewis | SEX<br>Female                                | DATE OF BIRTH<br>June 14, 1980 | PLACE OF BIRTH<br>NEWARK, N. J. |
| MOTHER'S NAME<br>LEWIS                 | FATHER'S NAME OF ADDRESS<br>ROEMER STRAUSSON |                                |                                 |

In **thousand** **thousand**, I have hereunto set my hand and seal the seal of Bureau of Vital Statistics, Newark, New Jersey,  
 this 12th day of March, A. D. 1997.

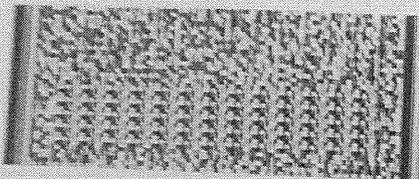
*Maria Jarvis*  
 Register of Vital Statistics

MADE IN NEWARK, N. J. AUGUST 8, 1980  
 Date Original Certificate Filed



5516187017721464  
www.dhs.gov

5516187017721464



USA  
Georgia  
Peach State

IDENTIFICATION  
CARD



ID NO. 060105659 DOB 06/11/1980  
CLASS ID EXP 03/03/2017  
CARMEN MICHELLE  
LEWIS

115 CROMER ST  
SAVANNAH, GA 31407-4827  
CHATHAM

Iss 01/17/2017  
Sex F Eyes BRO  
Hgt 5'-07" Wgt 221 lb

DOI 293633367920042419

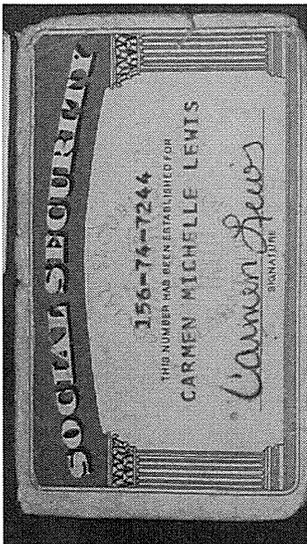
*Carmen Lewis*



URGENT MEDICAL INFORMATION ON REVERSE DONOR

PRESENCE OF PAPER WATERMARK HOLD TO LIGHT TO VIEW





SOCIAL SECURITY

156-74-7244

THIS NUMBER HAS BEEN ESTABLISHED FOR  
CARMEN MICHELLE LEWIS

*Carmen Lewis*  
SIGNATURE





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017020150721YE**

Report Prepared: 01/20/2017

**Company Information**

---

Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

---

Last Name: Lewis

First Name: Carmen

Date of Birth: 06/11/1980

Social Security Number: \*\*\* \*\* 7244

Hire Date: 01/11/2017

Citizenship Status: A citizen of the United States

**Document Information**

---

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: Social Security Card

**Case Status Information**

---

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/20/2017

Case Submitted By: AFIN3846

Closed On: 01/20/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

---

