

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

OMB No. 1615-0047; Expires 08/31/12  
**Form I-9, Employment  
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)**

Print Name: Last <u>FURMAN</u> First <u>MARTAVIUS</u> Middle Initial _____ Maiden Name _____	
Address (Street Name and Number) <u>145 N Long</u> Apt. # _____	
City <u>Chicago</u> State <u>IL</u> Zip Code <u>60644</u>	Date of Birth (month/day/year) <u>6-17-1983</u>
Social Security # <u>349-72-6412</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date (month/day/year) 8-22-12

**Preparer and/or Transmitter Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.**

Preparer's/Transmitter's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification (To be completed and signed by employer. 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 document(s).)**

List A	OR	List B	AND	List C
Document title: _____		<u>Drivers License</u>		<u>Birthcert</u>
Issuing authority: _____		<u>State of IL</u>		<u>State of IL</u>
Document #: _____		<u>T655-5508-3172</u>		<u>112-83-6023171</u>
Expiration Date (if any): _____		<u>6-17-13</u>		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8-28-12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative \_\_\_\_\_

Print Name Tina Kool

Title Account Manager

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_

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

A. New Name (if applicable) \_\_\_\_\_

B. Date of Return (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_

Document #: \_\_\_\_\_

Expiration Date (if any): \_\_\_\_\_

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

Signature of Employer or Authorized Representative \_\_\_\_\_

Date (month/day/year) \_\_\_\_\_



