



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 07/31/2026

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) <i>Xiong</i>		First Name (Given Name) <i>AVA</i>		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) <i>1934-18 1/2 Ave. n-w</i>			Apt. Number (if any) <i>3</i>	City or Town <i>Rocheater</i>		State <i>MA</i>
Date of Birth (mm/dd/yyyy) <i>02-22-1981</i>		U.S. Social Security Number <i>61611891819164</i>		Employee's Email Address		Employee's Telephone Number <i>507-405-8811</i>
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 checked="" type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than item numbers 2. and 3. above) authorized to work until (exp. date, if any):						
If you check item number 4., enter one of these:						
USCIS A-Number		OR		Form I-94 Admission Number	or Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Ava Xiong</i>				Today's Date (mm/dd/yyyy) <i>11-18-2024</i>		

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.

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

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

EEO Information

Please choose one option under the following:

Gender
-No Answer
<input checked="" type="checkbox"/> -Female
-Male
-Non Binary
-Other

Marital Status
-No Answer
-Divorced
<input checked="" type="checkbox"/> -Married
-Unmarried
-Widowed

Ethnicity
-Alaska Native
<input checked="" type="checkbox"/> -Asian
-Hispanic Latino
-Other Pacific Islander
-Unknown Ethnicity
-No Answer
-American Indian
-Black or African American
-Native Hawaiian
-Two or more Races
-White

Veteran
-Vietnam Era Veteran
-Veteran
-Non-Veteran
-Other Protected Veteran
-Recently Separated Veteran
-Special Disabled Veteran
<input checked="" type="checkbox"/> -No Answer

★ Signature: Ava Xiong

Date: 11-18-24