



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) MORENO | | First Name (Given Name) MIGUEL | | Middle Initial MM | Other Last Names Used (if any) CARRON | |
| Address (Street Number and Name) 701-3RD. STREE. | | | Apt. Number 5 | City or Town ST PAULI | | State MW |
| Date of Birth (mm/dd/yyyy) 04-26-1991 | | U.S. Social Security Number 881-37-4082 | | Employee's E-mail Address | | Employee's Telephone Number 651283-0182 |

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 type="radio"/> 1. A citizen of the United States |
| <input type="radio"/> 2. A noncitizen national of the United States (See Instructions) |
| <input type="radio"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): |
| <input checked="" type="radio"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 09-04-20 Some aliens may write "N/A" in the expiration date field. (See Instructions) |

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: **7-208-099-387**
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
Do Not Write in This Space

| | |
|---------------------------|---|
| Signature of Employee | Today's Date (mm/dd/yyyy) 11-8-18 |
|---------------------------|---|

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

