

New Hire Example Employment Eligibility Verification

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

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Inform than the first day of employment, it				ist complete	and sign S	Section 1 o	of Form I-9 no later
.ast Name (<i>Family Name</i>) SMITH	First Nan JOHN	ne (Given Name	9)	Middle Initial J	Other Nan	nes Used (i	f any)
Address (Street Number and Name)		Apt. Number	City or Town			State	Zip Code
123 PARK STREET		21	COLLEGE	STATION		TX	77845
Date of Birth (mm/dd/yyyy) U.S. Socia	Security Number	E-mail Addre	ss			Telep	hone Number
01/18/1955	45-6789	johnsmit	h@gmail.c	om		(97	9) 456-1212
am aware that federal law providence tion with the completion of attest, under penalty of perjury, to attest, under penalty of perjury, to a citizen of the United States. A noncitizen national of the United A lawful permanent resident (Alian An alien authorized to work until (experiments). For aliens authorized to work, page 1.	that I am (check ed States (See in en Registration I	nstructions) Number/USCI	S Number):		. Some alie	ens may wr	ite "N/A" in this field.
Alien Registration Number/US OR Form I-94 Admission Number If you obtained your admission States, include the following:	n number from C	CBP in connec	ction with your	arrival in the	United	Do N	3-D Barcode lot Write in This Spac
Foreign Passport Number: Country of Issuance: Some aliens may write "N/A"					e fields. (See instru	ctions)
Signature of Employee:	in	and			Date (m	m/dd/yyyy)	: 09/26/2012
Preparer and/or Translator Ce Imployee.)	rtification (To	be completed	and signed if	Section 1 is	prepared l	by a perso	on other than the
attest, under penalty of perjury, to formation is true and correct.	that I have assi	sted in the co	ompletion of t	this form an	d that to t	he best o	f my knowledge th
ignature of Preparer or Translator:						Date	(mm/dd/yyyy):
ast Name (Family Name)			F	irst Name (Giv	ven Name)		

Employee Last Name, First Name and Middle I	nitial from Sect	ion 1: SI	MITH, JO	HN J				
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	TX DEPT OF		C SAFET	Y	Section of the sectio	DMINIST	RATIO	N
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Certification								
I attest, under penalty of perjury, that (1) I above-listed document(s) appear to be ge employee is authorized to work in the Unit	nuine and to r ted States.	elate to	the emplo	oyee nan	ned, and (3) to the b	est of	my knowledge the
The employee's first day of employment (instructio		•	
Signature of Employer or Authorized Representati	ve	1 4 4 5 5 6 5	nm/dd/yyyy) 6/2012	10000	le of Employ SSISTANT	and the second second		epresentative IRECTOR
Last Name (Family Name)	First Name (Give	en Name		Employer	's Business	or Organiza	ation Na	me
CHERRY	KARISA				A&M AG			
Employer's Business or Organization Address (Str	reet Number and	Name)	City or Town	n		Sta	ate	Zip Code
2147 TAMU			COLLEGE	STATI	ION	T		77845
Section 3. Reverification and Rehi	res (To be co	mnleted	and signe	d hy omn	lover or a	thorized r	onroco	ntotivo \
A. New Name (if applicable) Last Name (Family N	ame) First Name	e (Given	Name)					plicable) (mm/dd/yyyy,
C. If employee's previous grant of employment auth presented that establishes current employment a	orization has exp authorization in th	ired, prov e space p	ide the infor	mation for tow.	the documer	nt from List /	A or List	C the employee
Document Title:		ument Nu				Expira	ation Da	te (if any)(mm/dd/yyyy)
bocament ride.								
I attest, under penalty of perjury, that to the the employee presented document(s), the do	best of my kno	owledge, ave exar	, this empl	oyee is a	uthorized t genuine ar	to work in	the Ur	ited States, and if a individual.



USA Passport Example Employment Eligibility Verification

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

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

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Section 1. Employee Information than the first day of employment, b	ation and Attestation ut not before accepting a jo	(Employees must complete ob offer.)	te and sign S	Section 1	of Form I-9 no later
Last Name (Family Name) TRAVELER	First Name (Given Name HAPPY	me) Middle Initi	al Other Nam	nes Used (if any)
Address (Street Number and Name)	Apt. Number	City or Town		State	Zip Code
123 PARK STREET	33.250 0030 100.00	COLLEGE STATION	г	TX	77845
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number E-mail Add	ress		Telep	hone Number
07/04/1967	5-6789 HAPPYTR	RAVELER@GMAIL.COM			9) 456-1234
am aware that federal law provide connection with the completion of	s for imprisonment and/o this form.	r fines for false statemer	nts or use of	f false do	ocuments in
attest, under penalty of perjury, th		following):			
A noncitizen national of the Unite	d States (See instructions)				
A lawful permanent resident (Alie	n Registration Number/US0	CIS Number):			
An alien authorized to work until (exp (See instructions)	iration date, if applicable, mm/	(dd/yyyy)	Some alie	ns may wr	ite "N/A" in this field.
For aliens authorized to work, pro	vide your Alien Registration	n Number/USCIS Number	OR Form I-9	4 Admiss	sion Number:
1. Alien Registration Number/USC					
OR					3-D Barcode
2. Form I-94 Admission Number:				Do N	ot Write in This Spac
If you obtained your admission States, include the following:	number from CBP in conne	ection with your arrival in th	e United		
Foreign Passport Number: _					
Country of Issuance:					
Some aliens may write "N/A" or	n the Foreign Passport Nun	nber and Country of Issuar	nce fields. (S	ee instrud	ctions)
Signature of Employee:	y Travelo	^	Date (mn	n/dd/yyyy):	09/26/2012
Preparer and/or Translator Cert employee.)	tification (To be complete	d and signed if Section 1 is	s prepared by	y a perso	n other than the
attest, under penalty of perjury, th nformation is true and correct.	at I have assisted in the c	completion of this form a	nd that to th	e best o	f my knowledge the
Signature of Preparer or Translator:				Date (mm/dd/yyyy):
ast Name (Family Name)		First Name (G	iven Name)		

Employee Last Name, First Name and Middle	Initial from	Section 1:	TRAVELER	, HA	PPY A		
List A	OR	List B		,	AND	List	
Identity and Employment Authorization		Identity					t Authorization
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PASSPORT						rido.	
Issuing Authority: USA	Issuing Au	thority:			Issuing Au	thority:	
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340007237	Document	Number:			Document	Number:	*
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		• /			See instructions fo	r exempti	ons.)
Signature of Employer or Authorized Representat	ive		mm/dd/yyyy)		Title of Employer or		
1100		09/2	26/2012		ASSISTANT PA	YROLL I	DIRECTOR
ast Name (Family Name)	First Name (Given Name	9)	Emplo	yer's Business or Or	nanization N	lame
CHERRY	KARISA				AS A&M AGRIL:		
mployer's Business or Organization Address (St	reet Number	and Namal	City or Town		THE THEIR AGREEM.	LFE EAT	FNSION
2147 TAMU	reet ivaniber i	and ivaine)	City or Town			State	Zip Code
ZIII / IAMU			COLLEGE	STA	ATION	TX	77845
ection 3 Reverification and Bah	FOR IT-						
Section 3. Reverification and Reh	ires (10 be	completed	d and signe	d by e	mployer or authori	zed repres	entative.)
New Name (if applicable) Last Name (Family N	(ame) First N	ame (Given	Name)	Mic	ddle Initial B. Date o	Rehire (if a	pplicable) (mm/dd/yyyy)
If employee's previous grant of amployment author							
 If employee's previous grant of employment auth presented that establishes current employment a 	authorization ir	expired, prov the space i	vide the inforr	nation	for the document from	List A or Lis	t C the employee
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ettest, under penalty of perjury, that to the e employee presented document(s), the do	best of my locument(s)	knowledge I have exa	, this emplo	oyee is	s authorized to wo	rk in the U	nited States, and if
ignature of Employer or Authorized Representati		ate (mm/dd					
•			7777	1.1111	Name of Employer of	Authorized	Representative:

nent of State to persons who have established citizenship in ted States by birth, derivation or naturalization. The primary of the passport is to facilitate travel to foreign countries by hing U.S. citizenship and acting as a vehicle to display any d/or entry/exit stamps that may be necessary.

ts may also be used within the United States to establish hip, identity and employment eligibility.

different versions of the U.S. passport are currently valid circulation at this time. The most recent version, called the ort, contains an electronic chip in the back cover. These ts can be identified by the chip logo on the front cover.





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New Hire w/ Perm Resident Coud Employment Eligibility Verification

Department of Homeland Security

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USCIS

U.S. Citizenship and Immigration Services

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Last Name (<i>Family Name</i>) CRITTENDEN	First Name (Given Name LEE		Middle Initial	Other Names Used (if any) N/A		
Address (Street Number and Name)	Apt. Number	City or Town		N/A	Ctata	7:- 0-1
123 PARK STREET	3	COLLEGE S	TATION		State	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Socia	I Security Number E-mail Addres					77845
10/04/1949		EN@GMAIL.CO	M			9) 456-1234
am aware that federal law providence tion with the completion of	es for imprisonment and/or	fines for false s	statements	or use of	1,000	
attest, under penalty of perjury, t	una torrii.					
A citizen of the United States						
A noncitizen national of the Unite	ed States (See instructions)					
A lawful permanent resident (Alie	13	S Number):0	2 2 3	4 5 6	7 9	
An alien authorized to work until (ex (See instructions)	piration date, if applicable, mm/dd	/yyyy)	·	Some alier	s may wr	ite "N/A" in this field.
For aliens authorized to work, pro-	ovide your Alien Registration N	Number/USCIS I	Number OR	Form I-0	1 Admiss	ion Alumban
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OR	oro mambon.					3-D Barcode
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Employee Last Name, First Name and Mid	ddle Initial from Se	ction 1: CRITTE	NDEN, LEE	E W		
List A Identity and Employment Authorization	OR	List B		AND	Lis	
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PERMANENT RESIDENT CARD

NAME CRITTENDEN, LEE W.



INS A# 022-345-679
Birthdate a Cardory Sex 10/04/6 P260 M
Courty of Brith Cartada CARD XPIRES 11/01/14
Resident Since 11/01/97



C1USAO223456791EAC9730053465<<
4910040M9411014CAN<<<<<<<<9
CRITTENDEN<<LEE<W<<<<<<

Form I-551 (1997)



New Hire EAD card Example Employment Eligibility Verification

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

Form I-9

OMB No. 1615-0047 Expires 03/31/2016

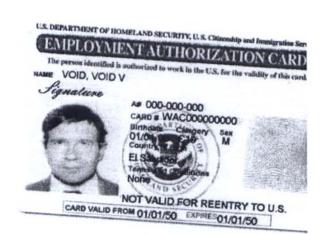
▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

than the mot day of employment,	ut not before accepting a jo	b offer.)	or complete	and sign S	oction i c	
Last Name (Family Name) VOID	First Name (Given Name VOID	me)	Middle Initial	Other Nan	nes Used (if any)	
Address (Street Number and Name)	Apt. Number	City or Town			State	Zip Code
123 PARK STREET	6.0	COLLEGE	STATION		TX	77845
Date of Birth (mm/dd/yyyy) U.S. Social	Security Number E-mail Add	ress			Teleph	none Number
01/01/2000 123	15-6789 VOID@GM	MAIL.COM			(97	9) 123-4567
am aware that federal law provide connection with the completion of	es for imprisonment and/o this form.	or fines for false	e statements	or use o	f false do	cuments in
attest, under penalty of perjury, t	nat I am (check one of the	following):				
A citizen of the United States						
A noncitizen national of the Unite	d States (See instructions)					
A lawful permanent resident (Alie	en Registration Number/US	CIS Number): _				
X An alien authorized to work until (ex (See instructions)	piration date, if applicable, mm	/dd/yyyy) 01/01	/2050	. Some alie	ens may wri	ite "N/A" in this field.
For aliens authorized to work, pro-	ovide your Alien Registratio	n Number/USCI	S Number O	R Form I-	94 Admiss	ion Number:
1. Alien Registration Number/US	CIS Number: 0 0 0 0	0 0 0 0	0			
OR						3-D Barcode
2. Form I-94 Admission Number:					Do N	ot Write in This Space
If you obtained your admission States, include the following:	n number from CBP in conn	ection with your	arrival in the	United		
Foreign Passport Number:						
Foreign Passport Number: Country of Issuance:						
				ce fields. (See instruc	ctions)
Country of Issuance:						ctions): 09/26/2012
Country of Issuance: Some aliens may write "N/A" of Signature of Employee: Preparer and/or Translator Ce	on the Foreign Passport Nu	mber and Count	ry of Issuand	Date (m	m/dd/yyyy).	09/26/2012
Country of Issuance: Some aliens may write "N/A" of Signature of Employee: Preparer and/or Translator Celemployee.) I attest, under penalty of perjury, to	on the Foreign Passport Nu	mber and Count	Section 1 is	Date (m	m/dd/yyyy) by a perso	on other than the
Country of Issuance: Some aliens may write "N/A" of Signature of Employee: Preparer and/or Translator Celemployee.) attest, under penalty of perjury, to information is true and correct.	on the Foreign Passport Nu	mber and Count	Section 1 is	Date (m	m/dd/yyyy). by a perso	on other than the
Country of Issuance: Some aliens may write "N/A" of	on the Foreign Passport Nu	mber and Count ed and signed if completion of	Section 1 is	prepared I	m/dd/yyyy). by a perso	on other than the

Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on

must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

List A Identity and Employment Authorization	OR	List B		Α	ND		st C ent Authorization
Occument Title:	Document Tit	-			Docume		ent Authorization
EMPLOYMENT AUTHORIZATION CARD	Boodinon Ti				Docume	in Thio.	
suing Authority: DHS	Issuing Autho	ority:			Issuing	Authority:	
ocument Number:	Document Nu	ımber:			Docume	ent Number:	
xpiration Date (if any)(mm/dd/yyyy): 01/01/2050	Expiration Da	te (if any)(r	mm/dd/yyyy):		Expiration	on Date (if ar	ny)(mm/dd/yyyy):
ocument Title:							
ocument rue.	5						
suing Authority:							
ocument Number:							
xpiration Date (if any)(mm/dd/yyyy):							
ocument Title:						Do	3-D Barcode Not Write in This Space
suing Authority:							
ocument Number:							
ertification							
ertification attest, under penalty of perjury, that (pove-listed document(s) appear to be apployee is authorized to work in the U	genuine and to Jnited States.	relate to	the employ	yee name	ed, and (3) to the bes	st of my knowledge th
ertification attest, under penalty of perjury, that (bove-listed document(s) appear to be mployee is authorized to work in the the employee's first day of employmen	genuine and to Jnited States. nt (mm/dd/yyyy	09/26	the employ	yee name	ed, and (3	above-nam) to the bes	st of my knowledge th
ertification attest, under penalty of perjury, that (pove-listed document(s) appear to be apployee is authorized to work in the l the employee's first day of employmen	genuine and to Jnited States. nt (mm/dd/yyyy	09/26 Date (n	the employ	(See in	nstruction of Employe) to the bes as for exem er or Authoriz	st of my knowledge th
ertification Ittest, under penalty of perjury, that (pove-listed document(s) appear to be inployee is authorized to work in the to the employee's first day of employment gnature of Employer or Authorized Represer	genuine and to Jnited States. Int (mm/dd/yyyy Intative	Date (n 09/2	the employ 5/2012 mm/dd/yyyy) 26/2012	(See in Title	ed, and (3) instruction of Employer SISTANT	to the best es for exeme er or Authoriz PAYROLI	nptions.) The definition of the desired Representative L. DIRECTOR
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New Hive F-1 Example Employment Eligibility Verification

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

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

▶START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee than the first day of emplo	Information and At	testation (E	Employees must complete offer.)	and sign Se	ection 1 c	of Form I-9 no later
Last Name (Family Name) STUDENT	First Nam IMA	ne (Given Name) Middle Initia	Other Name	es Used (ii	f any)
Address (Street Number and I	Name)	Apt. Number	City or Town COLLEGE STATION		State	Zip Code 77845
01/01/1970	U.S. Social Security Number	STUDENT@	GMAIL.COM		(97	none Number 9) 123-4567
A lawful permanent resi An alien authorized to wor (See instructions) For aliens authorized to 1. Alien Registration Nu	perjury, that I am (check States If the United States (See in Ident (Alien Registration N	one of the fonstructions) Number/USCIS	llowing): S Number):	. Some alien	s may writ	te "N/A" in this field.
If you obtained your a States, include the fo Foreign Passport N	Number: 00123456789	BP in connect	ion with your arrival in the			tions)
Signature of Employee:	me Stu	1		Date (mm/	'dd/yyyy):	09/26/2012
Preparer and/or Transla	ator Certification (To b	e completed a	and signed if Section 1 is	prepared by	a person	other than the
attest, under penalty of p formation is true and co	perjury, that I have assis rrect.	ted in the cor	npletion of this form an	d that to the	best of	my knowledge the
ignature of Preparer or Transl	lator:				Date (n	nm/dd/yyyy):
ast Name (Family Name)			First Name (Giv	en Name)		

Section 2. Employer of Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You
must abusinally examine and desument from Lint A OR examine a combination of any desument from Lint R and any desument from Lint C as listed a

must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

List A Identity and Employment Authorization	OR	List B Identity		Al	ND E	List (C Authorization
Occument Title:	Docume	ent Title:			Document T		Authorization
PASSPORT	Docume	ent rue.			Document	iue.	
ssuing Authority:	Issuing	Authority:			Issuing Auth	nority:	
INDIA	iocamg	, idulomy.			roourig / tab	ioniy.	
ocument Number:	Docume	ent Number:			Document N	Number:	
00123456789	100						
xpiration Date (if any)(mm/dd/yyyy):	Expirati	on Date (if any)(i	mm/dd/yyyy):		Expiration D	Date (if any)(mm/dd/yyyy):
06/14/2017							
Occument Title:							
194	100						
suing Authority:	100						
DHS							
ocument Number:							
000000000							
xpiration Date (if any)(mm/dd/yyyy):							-
o/s							3-D Barcode
ocument Title:						Do No	ot Write in This Space
20							
suing Authority:							
DHS							
ocument Number:							
1000000000	100						
	100						
ertification attest, under penalty of perjury, that	e genuine a	nd to relate to					
expiration Date (if any)(mm/dd/yyyy): D8/06/2020 Certification attest, under penalty of perjury, that bove-listed document(s) appear to be mployee is authorized to work in the the employee's first day of employment	e genuine a United State ent (<i>mm/dd/</i>	nd to relate to tes.	the emplo	yee name		the best of	of my knowledge the
certification attest, under penalty of perjury, that bove-listed document(s) appear to b mployee is authorized to work in the	e genuine a United State ent (<i>mm/dd/</i>	ind to relate to tes. (yyyy): 09/26	the emplo	yee name	d, and (3) to	the best o	of my knowledge the
certification attest, under penalty of perjury, that bove-listed document(s) appear to b mployee is authorized to work in the	e genuine a United State ent (<i>mm/dd/</i>	nd to relate to tes. (/yyyy): 09/26	the emplo	(See ins	d, and (3) to	the best of or exemption Authorized	of my knowledge the fons.) Representative
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Name of parent or geordian it random under 18 From \$20 A-in (Rev. 94-27-ND)\

U.S. Department of Justice

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Alan Johnson

trouted, proticiency

Tuiting and fees

Alan Johnson

08/06/2039

Name and Address of the Owner, and the Owner, where Pieuse read Instructions an Page 2

For Official Use Only Standiles bales, Namber



New Hire J-1 Example Employment Eligibility Verification

Department of Homeland Security

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

U.S. Citizenship and Immigration Services

▶START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

	e Information and At loyment, but not before ac			and sign S	Section 1 o	f Form I-9 no later
ast Name (Family Name) STUDENT	First Nan	ne (Given Name)	Middle Initial	Other Nam	nes Used (if	any)
Address (Street Number and	Name)	Apt. Number	City or Town		State	Zip Code
123 PARK STREET			COLLEGE STATION		TX	77845
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	S		Teleph	one Number
10/17/1981	123-45-6789	STUDENT@	GMAIL.COM		(97	9) 123-4567
am aware that federal la onnection with the com	w provides for imprison pletion of this form.	ment and/or f	ines for false statements	or use of	f false do	cuments in
attest, under penalty of	perjury, that I am (check	one of the fo	llowing):			
A citizen of the United	States					
A noncitizen national of	of the United States (See i	instructions)				
A lawful permanent re	sident (Alien Registration	Number/USCIS	S Number):		15-5-7	
An alien authorized to we (See instructions)	ork until (expiration date, if ap	oplicable, mm/dd	/уууу) 02/02/2020	. Some alie	ens may wri	te "N/A" in this field.
For aliens authorized	to work, provide your Alier	Registration N	Number/USCIS Number O	R Form I-9	94 Admiss	ion Number:
1. Alien Registration N	lumber/USCIS Number:					455
	OR				Do N	3-D Barcode ot Write in This Spa
2. Form I-94 Admissio	n Number: 0 0 0 0	0 0 0 0	0 0 0		1	
	r admission number from (United		
	t Number: 0012345678	9				
Country of Issua	nce: Korea, South					
	rite "N/A" on the Foreign I	Passport Numb	per and Country of Issuand	ce fields. (S	See instruc	ctions)
Signature of Employee:	Mu St	ul		Date (m	m/dd/yyyy).	09/26/2012
Preparer and/or Trans	slator Certification (To	be completed	and signed if Section 1 is	prepared l	by a perso	n other than the
attest, under penalty of nformation is true and o	f perjury, that I have ass correct.	isted in the co	mpletion of this form an	d that to t	the best o	f my knowledge th
Signature of Preparer or Tra	nslator:				Date	(mm/dd/yyyy):
Last Name (Family Name)			First Name (Gi	ven Name)		

Employee Last Name, First Name and Midd	le Initial from S	section 1: ST	UDENT, IN	AM			
List A Identity and Employment Authorization	OR	List B		AND		List C loyment Au	uthorization
Document Title:	Document 7			[Document Title		
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Employer's Business or Organization Addres	s (Street Numbe	er and Name)	City or Town			State	Zip Code
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Section 3. Reverification and F	Rehires (To l	be complete	d and signed	by employe	er or authoriz	ed represe	entative.)
A. New Name (if applicable) Last Name (Fan							oplicable) (mm/dd/yyyy)
C. If employee's previous grant of employment presented that establishes current employr	t authorization ha	as expired, pro	ovide the inform provided below	nation for the d	locument from	List A or List	t C the employee
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DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection Departure Record Admission Number CBP Form I-94 (05/08) STAPLE HERE See Other Side U.S. Department of Size OFFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS STATU 1. S. Department of State Construct Sinks KOREA, FOUTH MORE OF THE ACTION OF THE TAXABLE PROGRAMM Control of Super States States

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Employment Eligibility Verification

USCIS Form I-9

OMB No. 1615-0047 Expires 03/31/2016

Department of Homeland Security

▶START HERE. 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

U.S. Citizenship and Immigration Services

document(s) they will accept from an employee. The refusal to hire 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.) Other Names Used (if any) First Name (Given Name) Middle Initial Last Name (Family Name) N/A STUDENT IMA Zip Code Apt. Number City or Town State Address (Street Number and Name) 77845 TX COLLEGE STATION 123 PARK STREET Telephone Number U.S. Social Security Number E-mail Address Date of Birth (mm/dd/yyyy) (979) 123-4567 STUDENT@GMAIL.COM 6789 11/01/1964 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 Registration Number/USCIS Number): X An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 03/31/2015 . Some aliens may write "N/A" in this field. (See instructions) For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number: 1. Alien Registration Number/USCIS Number: 3-D Barcode Do Not Write in This Space 2. Form I-94 Admission Number: 7 2 1 2 3 4 5 6 7 8 9 If you obtained your admission number from CBP in connection with your arrival in the United States, include the following: Foreign Passport Number: 00123456789 Country of Issuance: China Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions) Date (mm/dd/yyyy): 09/26/2012 Signature of Employee: Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the 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. Date (mm/dd/yyyy): Signature of Preparer or Translator: First Name (Given Name) Last Name (Family Name) State Zip Code Address (Street Number and Name) City or Town

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WAC-00-000-0000 RECEIPT DATE PRIORITY DATE PETITIONER March 22, 2012 TX AGRILIFE NOTICE DATE PAGE BENEFICIARY 1 of 2 April 2, 2012

TX AGRILIFE

2147 TAMU

COLLEGE STATION TX 77843-2147

Notice Type: Approval Notice

Class: H1B

Valid from 04/01/2012 to 03/31/2015

Consulate:

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized Chapges in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing or this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

Please see the additional information on the back. You will be notified separately about any other cases you filed. U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I797A (Rev. 10/31/05)N

PLEASE TEAR OFF FORM 1-94 PRINTED BELOW, AND STAPLE TO ORIGINAL 1-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC-00-000-00000

I-94# 72 123456789

NAME

CLASS H1B

VALID FROM 04/01/2012 UNTIL 03/31/2015

PETITIONER: TX AGRILIFE RESEARCH PART OF TA 2147 TAMU

COLLEGE STATION TX 77843-2147

72 123456789

Receipt Number WAC- 00 -000 -0000 United States Citizenship and Immigration Services

I-94

Departure Record

Petitioner: TX AGRILIFE RES

14. Family Name

13 First (Given) Name

16. Date of Birth 11/01/1964

try of Citizenship

CHINA, PEOPLE'S REPUBLIC OF

Form I-797A (Rev. 10/31/05) N



Permanent Resident Coud Reventy Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

Example

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Informathan the first day of employment, b	ation and Attestation ut not before accepting a j	(Employees musi	t complete	and sign S	Section 1	of Form I-9 no later	
Last Name (Family Name) CRITTENDEN	First Name (Given Name) LEE			Other Names Used (if any) N/A			
Address (Street Number and Name) 123 PARK STREET	Apt. Number	City or Town	TATION		State	Zip Code 77845	
	Security Number E-mail Add				Telep	hone Number 9) 123-4567	
am aware that federal law provided onnection with the completion of t attest, under penalty of perjury, th	ins form.		tatements	or use of	false do	cuments in	
A populitizen patienal of the United	101-1 (0 :- (- (1)						
A noncitizen national of the United A lawful permanent resident (Alier		CIS Number): 0	2 2 3	4 5 6	7 9		
An alien authorized to work until (expi		5-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				te "N/A" in this field.	
For aliens authorized to work, pro-	vide your Alien Registratio	n Number/USCIS I	Number O F	R Form I-9	4 Admiss	ion Number:	
1. Alien Registration Number/USC						2° 04 000 00	
OR 2. Form I-94 Admission Number: _					Do No	3-D Barcode ot Write in This Spa	
If you obtained your admission States, include the following: Foreign Passport Number: Country of Issuance:							
Some aliens may write "N/A" on	the Foreign Passport Nur	nber and Country of	of Issuance	fields. (Se	e instruc	etions)	
ignature of Employee:	Cuter			Date (mm	n/dd/yyyy):	09/26/2012	
reparer and/or Translator Certi mployee.)	fication (To be complete	d and signed if Sed	ction 1 is p	repared by	a persor	other than the	
attest, under penalty of perjury, the formation is true and correct.	at I have assisted in the o	completion of this	form and	that to th	e best of	my knowledge th	
gnature of Preparer or Translator:					Date (r	mm/dd/yyyy):	
ast Name (Family Name)		First	Name (Give	n Name)			

Permanent Resident Card Revenity Example

Section 2. Employer or Authorized Representative Review and Verification

Employee Last Name, First Name and Midd	lle Initial from Sect	ion 1: (CRITTENDE	EN, L	EE W			
List A Identity and Employment Authorization		ist B entity			ANI		List Employment	C Authorization
Document Title:	Document Title					Document	Title:	
Issuing Authority:	Issuing Authori	y:				Issuing Au	ithority:	
Document Number:	Document Num	ber:				Document	Number:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date	(if any)	(mm/dd/yyyy	r):		Expiration	Date (if any)	/mm/dd/yyyy):
Document Title:								
ssuing Authority:	-							
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
Document Title:							Do No	3-D Barcode ot Write in This Space
ssuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
attest, under penalty of perjury, that (1 above-listed document(s) appear to be employee is authorized to work in the L The employee's first day of employmer	genuine and to r Inited States.	d the c	locument(so the emplo	oyee n	amed,	and (3) to	the best o	f my knowledge the
		D-4- /					for exempti	
Signature of Employer or Authorized Represen	tative	Date (mm/dd/yyyy)		Title of E	mployer o	r Authorized I	Representative
.ast Name (Family Name)	First Name (Give	n Name	9)	Emplo	yer's Bus	siness or C	rganization N	lame
Employer's Business or Organization Address	(Street Number and	Name)	City or Town	n			State	Zip Code
Section 3. Reverification and Re	hires (To be co	mpleted	d and signe	d by e	mployei	or autho	rized repres	entative.)
A. New Name (if applicable) Last Name (Famil	y Name) First Name	(Given	Name)	Mid	Idle Initia	B. Date	of Rehire (if a	pplicable) (mm/dd/yyyy)
If employee's previous grant of employment a presented that establishes current employme	uthorization has expi nt authorization in the	red, pro	vide the inforr	mation f	for the do	cument fro	m List A or Lis	et C the employee
Document Title:	Docu	ment N	umber:				Expiration D	ate (if any)(mm/dd/yyyy)
ERMANENT RESIDENT CARD	022	34567	19				11/01	10 mm
attest, under penalty of perjury, that to the employee presented document(s), the	he best of my kno document(s) I ha	wledge ve exa	e, this emplo mined appe	oyee is	s author be genu	rized to w	ork in the U	nited States, and if ne individual.
Signature of Employer or Authorized Represer	71700	(mm/da						d Representative:
4	MADE NO PORTO	26/2			ISA C			

H-1B Revenify Example

Section 2. Employer or Authorized Representative Review and Verification

Employee Last Name, First Name and Middle Initial fro	m Section 1: FOREIGN,	NATIONAL	A		
List A OR	List B	AN		List C	
Identity and Employment Authorization	Identity			Employment A	Authorization
ocument Title:	ent Title:		Documen	t Title:	
ssuing Authority: Issuing	Authority:		Issuing A	uthority:	
ocument Number: Docume	ent Number:		Documen	t Number:	
Expiration Date (if any)(mm/dd/yyyy): Expirati	on Date (if any)(mm/dd/yy	yy):	Expiration	Date (if any)(n	nm/dd/yyyy):
Document Title:					
ssuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					3-D Barcode
Document Title:				Do No	t Write in This Space
ssuing Authority:					
Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					
attest, under penalty of perjury, that (1) I have e above-listed document(s) appear to be genuine a employee is authorized to work in the United Sta	and to relate to the em	ployee named	i, and (3)	to the best o	f my knowledge the
The employee's first day of employment (mm/do	/уууу):			s for exempti	
Signature of Employer or Authorized Representative	Date (mm/dd/yy	Title o	f Employer	or Authorized	Representative
Last Name (Family Name) First Na	me (Given Name)	Employer's E	Business or	Organization N	lame
Employer's Business or Organization Address (Street Nur	nber and Name) City or T	own		State	Zip Code
Section 3. Reverification and Rehires (sentative.) applicable) (mm/dd/yyyy
A. New Name (if applicable) Last Name (Family Name) F	irst Name (Given Name)	ivildale In	illiai B. Da	te of Refille (II)	аррії Самеў (ППЛ/ССЛУУУ)
C. If employee's previous grant of employment authorization presented that establishes current employment authorization.	n has expired, provide the i	nformation for the below.	document	from List A or Li	st C the employee
Document Title:	Document Number:			Expiration (Date (if any)(mm/dd/yyy)
194	72123456789			03/31	./2015
I attest, under penalty of perjury, that to the best o the employee presented document(s), the docume	f my knowledge, this e	mployee is aut appear to be ge	horized to enuine an	work in the d	United States, and if the individual.
Signature of Employer es Authorized Representative:	Date (mm/dd/yyyy): 09/26/2012	100000000000000000000000000000000000000	e of Emplo		ed Representative:

F-1 Reverify Example

Section 2. Employer or Authorized Representative Review and Verification

List A O			ANI	D	Emplo	List C	ıthorization
Identity and Employment Authorization	Ider	ntity		Docume		yment At	Miorization
ocument Title:	Document Title:			Docume	int ride.		
ssuing Authority:	Issuing Authority:			Issuing	Authority	<i>r</i> :	
ocument Number:	Document Numb	er:		Docume	ent Numb	oer:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):		Expirati	on Date ((if any)(mr	m/dd/yyyy):
Document Title:							
ssuing Authority:							
Occument Number:							
Expiration Date (if any)(mm/dd/yyyy):							3-D Barcode
Document Title:						Do Not	Write in This Space
ssuing Authority:							
Document Number:							
	NO.						
Certification	I have examine	d the document(s	s) presented	l by the	above-	-named e	employee, (2) the
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be g employee is authorized to work in the Ur	enuine and to renited States.	d the document(selate to the emplo	oyee named	, and (3	3) to the	e best of	my knowledge t
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be g employee is authorized to work in the Ur The employee's first day of employment	enuine and to renited States. t (mm/dd/yyyy):	d the document(selate to the emplo	oyee named	truction	3) to the	e best of exemptio	my knowledge t
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be g employee is authorized to work in the Ur The employee's first day of employment	enuine and to renited States. t (mm/dd/yyyy):	elate to the empl	oyee named	truction	3) to the	e best of exemptio	ns.)
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be g employee is authorized to work in the Ur The employee's first day of employment Signature of Employer or Authorized Representa	enuine and to renited States. t (mm/dd/yyyy):	Date (mm/dd/yyyy)	oyee named	truction	ns for e	exemption	my knowledge to
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be gemployee is authorized to work in the Urithe employee's first day of employment Signature of Employer or Authorized Representations Name (Family Name) Employer's Business or Organization Address (State of State	tenuine and to renited States. t (mm/dd/yyyy): _ ative First Name (Give	Date (mm/dd/yyyy)	(See ins	truction	ns for e	exemption	my knowledge to
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be gemployee is authorized to work in the Ur The employee's first day of employment Signature of Employer or Authorized Representations (Family Name)	tenuine and to renited States. t (mm/dd/yyyy): _ ative First Name (Given Street Number and	Date (mm/dd/yyyy) on Name) City or Town mpleted and signe	(See ins	etruction f Employ Business	ns for e erer or Autor Organ	exemption thorized Renization Na State	my knowledge to ns.) epresentative ame
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be gemployee is authorized to work in the Urithe employee's first day of employment Signature of Employer or Authorized Representational Name (Family Name) Employer's Business or Organization Address (Signature of A. New Name (if applicable) Last Name (Family Name) C. If employee's previous grant of employment at	penuine and to renited States. It (mm/dd/yyyy): ative First Name (Give Street Number and hires (To be co	Date (mm/dd/yyyy) an Name) City or Tow mpleted and signe e (Given Name)	(See ins) Title o Employer's E on Middle In	etruction f Employ Business Ver or au itial B. E	ns for ever or Autor Organ	exemption thorized Renization Na State d represe	my knowledge to ns.) epresentative ame Zip Code entative.) epplicable) (mm/dd/y
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Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be gemployee is authorized to work in the Urriche employee's first day of employment Signature of Employer or Authorized Representationation (Family Name) Employer's Business or Organization Address (Signature of Employer's Organization Address (Signature of Employer's Business or Organization Address (Signature of Employer's B	penuine and to renited States. It (mm/dd/yyyy): ative First Name (Give Street Number and hires (To be co / Name) First Name uthorization has exp nt authorization in the Docc NOC the best of my know e document(s) I he	Date (mm/dd/yyyy) In Name) City or Tow Impleted and signer In Given Name) Dired, provide the inforce space provided belower that the space provided below the space provided below that the space provided below the space pr	(See ins (See ins Title o Employer's E Middle In Important of the low.	struction f Employ Business ver or au itial B. C	or Organ Suthorized Oate of R Ex to work	exemption thorized Rinization Na State d represe the represe the represe the represe the represe the represe to the represe the represe to t	my knowledge to ms.) epresentative ame Zip Code entative.) oplicable) (mm/dd/y t C the employee ate (if any)(mm/dd/y / 2019 nited States, and

J-1 Reventy Example

Section 2. Employer or Authorized Representative Review and Verification

Employee Last Name, First Name and Middle Initial (from Section 1	: FOREIGN, 1	NATIO	ONAL A		
List A OR	List E			AND	List C	
Identity and Employment Authorization Document Title: Document	Identit ument Title:	У		Document Tit	-	Authorization
bodulient Title.	anone ruo.			Document 11		
ssuing Authority:	ng Authority:			Issuing Author	rity:	
Document Number: Docu	ument Number:			Document Nu	ımber:	
Expiration Date (if any)(mm/dd/yyyy): Expir	ration Date (if a	ny)(mm/dd/yyyy)		Expiration Da	te (if any)(n	nm/dd/yyyy):
Document Title:						
ssuing Authority:						
Document Number:						
Expiration Date (if any)(mm/dd/yyyy):						3-D Barcode
Document Title:					Do No	t Write in This Space
ssuing Authority:						
Document Number:						
Expiration Date (if any)(mm/dd/yyyy):						
l attest, under penalty of perjury, that (1) I have above-listed document(s) appear to be genuing employee is authorized to work in the United S The employee's first day of employment (mm/	e and to relate tates.	te to the emplo	yee r	named, and (3) to t	he best of	f my knowledge the
Signature of Employer or Authorized Representative	Da	ate (mm/dd/yyyy)		Title of Employer or A	Authorized F	Representative
Last Name (Family Name) First	Name (Given N	lame)	Emplo	oyer's Business or Org	anization N	ame
Employer's Business or Organization Address (Street N	Number and Na	me) City or Tow	n		State	Zip Code
Section 3. Reverification and Rehires	(To be comp	leted and signe	d by e	employer or authoriz	zed repres	entative.)
A. New Name (if applicable) Last Name (Family Name)	First Name (G	Given Name)	Mi	ddle Initial B. Date of	Rehire (if a	pplicable) (mm/dd/yyyy
C. If employee's previous grant of employment authorizate presented that establishes current employment authorizations.				for the document from	List A or Lis	at C the employee
Document Title:	Docume	nt Number:			Expiration D	ate (if any)(mm/dd/yyyy
DS2019	и0000	000000			02/02	/2020
attest, under penalty of perjury, that to the best the employee presented document(s), the docum						
Signature of Employer or Authorized Representative:	Date (m	m/dd/yyyy):	Prin	nt Name of Employer of	or Authorize	d Representative:
		6/2012		RISA CHERRY		

EAD Card Reventy Example

Section 2. Employer or Authorized Representative Review and Verification

Employee Last Name, First Name and Middle Initial fro	om Section 1: F	OREIGN, NA	ATIONAL	A		
List A OR	List B	200000000000000000000000000000000000000	ANI		List C	
Identity and Employment Authorization	Identity					uthorization
Document Title:	nent Title:			Document Title	9:	
ssuing Authority: Issuing	Authority:			Issuing Author	ity:	
Document Number: Docum	nent Number:			Document Nur	nber:	
Expiration Date (if any)(mm/dd/yyyy): Expira	tion Date (if any)(mm/dd/yyyy):		Expiration Date	e (if any)(mi	m/dd/yyyy):
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Document Number:						
Expiration Date (if any)(mm/dd/yyyy):						
l attest, under penalty of perjury, that (1) I have above-listed document(s) appear to be genuine employee is authorized to work in the United St	and to relate t ates.	document(s) o the employ	ee named	by the above, and (3) to the tructions for	ne best of	my knowledge the
The employee's first day of employment (mm/d	1				1.70	500
Signature of Employer or Authorized Representative	Date	(mm/dd/yyyy)	Title of	f Employer or A	uthorized R	epresentative
Last Name (Family Name) First N	lame (Given Nam	e) E	Employer's B	usiness or Orga	anization Na	ime
Employer's Business or Organization Address (Street Nu	ımber and Name)	City or Town	ő.		State	Zip Code
Section 3. Reverification and Rehires (A. New Name (if applicable) Last Name (Family Name) C. If employee's previous grant of employment authorization presented that establishes current employment authorization. Document Title: EAD CARD	First Name (Give	ovide the informer provided below	Middle Ini	B. Date of	Rehire (if ap	oplicable) (mm/dd/yyyy c C the employee ate (if any)(mm/dd/yyyy
I attest, under penalty of perjury, that to the best the employee presented document(s), the docum	of my knowledg	ge, this emplo	oyee is auth	norized to wo	rk in the U	nited States, and if
Signature of Employer or Authorized Representative:	Date (mm/c	dd/yyyy):	Print Name			Representative: