

# Section 1: Employee Completes

U.S. Department of Homeland Security  
**Employment Eligibility Verification**  
 OMB No. 1115-0136

Please read the instructions carefully before completing this form. The instructions must be available during completion of this form. **DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employees must indicate which document(s) they will accept from an employee. The refusal to hire an individual because of 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 First Middle Initial Maiden Name

Address (Street Name and Number) Apt. # Date of Birth (month/day/year)

City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fines for false information and 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 or national of the United States  
 A Lawful Permanent Resident (Alien # A \_\_\_\_\_)  
 An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admiss. # \_\_\_\_\_)

Employee's Signature \_\_\_\_\_ Date (EE Enters) \_\_\_\_/\_\_\_\_/\_\_\_\_

**Preparer and/or Translator 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/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

*Annotations:*  
 - Yellow arrow: Employee Information  
 - Red arrow: Citizenship Check  
 - Blue arrow: EE's Signature  
 - Yellow arrow: Date (EE Enters)

# Section 2: Client or Notary Completes

**Section 2. Employee View 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 issue date, if any, of the document(s).

List A	OR	List B	OR	List C
<ul style="list-style-type: none"> <li>Passports</li> <li>Permanent Resident Card or Alien Registration</li> <li>Temp Res Card (I-688)</li> <li>Emp Auth (Form I-688A, I-766 or I-688B)</li> </ul>		<ul style="list-style-type: none"> <li>Driver's license</li> <li>Fed/State ID card</li> <li>School ID</li> <li>Voter's registration card</li> <li>US Mil. Card</li> <li>Mil. Dep. ID</li> </ul>		<ul style="list-style-type: none"> <li>SS Card</li> <li>Birth Cert.</li> <li>US Citized ID Card</li> <li>Native Am. Tribal Doc</li> <li>Emp. Auth. Doc Issued by USCIS</li> </ul>

Document title: \_\_\_\_\_  
 Issuing authority: \_\_\_\_\_  
 Document #: \_\_\_\_\_  
 Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Document #: \_\_\_\_\_  
 Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the above-listed document(s) and have determined that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and is eligible to work in the United States. (State employment agencies must omit the date the employee began employment.)

Signature of Employer or Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

Business or Organization Name \_\_\_\_\_ 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.

*Annotations:*  
 - Orange arrows: LIST A, LIST B, LIST C  
 - Red arrow: Document Title  
 - Yellow arrow: Issuing Authorities  
 - Blue arrow: Document #  
 - Green arrow: Expiration Date (if any)  
 - Purple arrow: EE DOH (Date of Hire)  
 - Red arrow: Authorized Representative Certification  
 - Cyan arrow: Incorrect List - List A Doc S/B List B etc.