

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.

ast Name (Family Name)	First Name (Given Nam	b offer.)	nitial Other Name	s I lsad <i>(i</i>	f any)
ast Name (Family Name)	Pilst Name (Given Nam	ne) Wildule II	illiai Other Name	3 03eu (r	r arry)
Address (Street Number and Name)	Apt. Number	City or Town	S	tate	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social	al Security Number E-mail Addr	ess		Telepi	hone Number
nm aware that federal law provio		r fines for false statem	ents or use of t	alse do	cuments in
ittest, under penalty of perjury,	that I am (check one of the	following):			
A citizen of the United States					
A noncitizen national of the Uni	ted States (See instructions)				
A lawful permanent resident (Al	ien Registration Number/USC	CIS Number):			
An alien authorized to work until (e. (See instructions)	xpiration date, if applicable, mm/	dd/yyyy)	Some aliens	s may wri	te "N/A" in this field.
For aliens authorized to work, p	rovide your Alien Registration	Number/USCIS Number	er OR Form I-94	Admiss	ion Number:
1. Alien Registration Number/U	SCIS Number:				
OR				Do N	3-D Barcode ot Write in This Spac
2. Form I-94 Admission Numbe	r				•
If you obtained your admission States, include the following:	on number from CBP in conne	ection with your arrival in	the United		
Foreign Passport Number:	<u> </u>				
Country of Issuance:					
Some aliens may write "N/A"	on the Foreign Passport Num	nber and Country of Issu	ance fields. (Se	e instruc	ctions)
ignature of Employee:			Date (mm/	(dd/yyyy).	i e
reparer and/or Translator Cemployee.)	ertification (To be completed	d and signed if Section	is prepared by	a perso	n other than the
attest, under penalty of perjury, formation is true and correct.	that I have assisted in the c	ompletion of this form	and that to the	best o	f my knowledge the
gnature of Preparer or Translator:				Date (mm/dd/yyyy):
ast Name (Family Name)		First Name	(Given Name)		
		City or Town		State	Zip Code

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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 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.)

Employee Last Name, First Name and Middl	le Initial from	Section 1:						
List A Identity and Employment Authorization	OR	List B			AND	Eı	List o	C Authorization
Document Title:	Documen	t Title:			D	ocument T	itle:	
Issuing Authority:	Issuing A	uthority:			Is	suing Auth	ority:	
Document Number:	Documen	t Number:			D	ocument N	lumber:	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	n Date (if any)	(mm/dd/yyyy)):	E	xpiration D	ate (if any)(mm/dd/yyyy):
Document Title.								
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								3-D Barcode
Document Title:							Do No	ot Write in This Space
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
Certification I attest, under penalty of perjury, that (1 above-listed document(s) appear to be employee is authorized to work in the U The employee's first day of employmen	genuine and nited States	d to relate to s.		oyee nar	ned, ai	nd (3) to		f my knowledge the
Signature of Employer or Authorized Represent			/mm/dd/yyyy)	<u> </u>				Representative
								rations
Last Name (Family Name) Prado		(Given Name ena	e)			ness or Org	ganization N	ame
Employer's Business or Organization Address (Street Numbe	er and Name)	City or Town	n			State	Zip Code
26027 Huntington Lane,	Unit E		Valer	ncia			CA	91355
Section 3. Reverification and Re	hires (To l	be complete	d and signe	d bv emi	olover o	or authori	zed repres	entative.)
A. New Name (if applicable) Last Name (Family								pplicable) (mm/dd/yyyy):
C. If employee's previous grant of employment a presented that establishes current employment					the doc	ument from	List A or Lis	t C the employee
Document Title:		Document N	umber:				Expiration D	ate (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to the the employee presented document(s), the								
Signature of Employer or Authorized Represen	tative:	Date (mm/de	d/yyyy):	Print Na	ame of E	Employer	or Authorize	d Representative:

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LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	ND	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eyecolor, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth 	2.	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card		by the Department of State (Form FS-545) Certification of Report of Birth issued by the Department of State (Form DS-1350)
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 	e as the passport; at of the alien's tatus as long as indorsement has and the byment is not in a restrictions or	 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card 	4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		 Native American tribal document Driver's license issued by a Canadian government authority 	6.	Native American tribal document U.S. Citizen ID Card (Form I-197)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:		Identification Card for Use of Resident Citizen in the United States (Form I-179)
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	8.	Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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