U.S. Citizenship and Immigration Services

► 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) Fir		First Nar	First Name <i>(Given Name)</i>			Middle Initial	Other Last Names Used <i>(if any)</i>		
Address (Street Number and Name)			Apt. Number City or Town					State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	e of Birth (mm/dd/yyyy) U.S. Social Security Num			Employe	ee's E-mail Addr	ess	E	mployee's 1	Felephone Number

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):

2. A noncitizen national of the United States (See instructions)				
3. A lawful permanent resident (Alien Registration Number/USCI	S Number):			
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/yyyy):			
Some aliens may write "N/A" in the expiration date field. (See inst	structions)			
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio		· · ·		R Code - Section 1 t Write In This Space
1. Alien Registration Number/USCIS Number:				
OR				
2. Form I-94 Admission Number:				
OR				
3. Foreign Passport Number:				
Country of Issuance:				
Signature of Employee		Today's Date (mm/dd		
			· · · · · · · · · · · · · · · · · · ·	
Preparer and/or Translator Certification (check o	ne):			
Preparer and/or Translator Certification (check of a preparer or translator. I did not use a preparer or translator.	•	e employee in completir		
·	anslator(s) assisted th		ng Section 1	
I did not use a preparer or translator. A preparer(s) and/or translator.	anslator(s) assisted th nd/or translators as	sist an employee in c	ng Section 1 completing	Section 1.)
I did not use a preparer or translator. A preparer(s) and/or translator. <i>(Fields below must be completed and signed when preparers a</i> I attest, under penalty of perjury, that I have assisted in the	anslator(s) assisted th nd/or translators as	sist an employee in c ction 1 of this form a	ng Section 1 completing	Section 1.) o the best of my
I did not use a preparer or translator. A preparer(s) and/or translator. (Fields below must be completed and signed when preparers and I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	anslator(s) assisted th nd/or translators as completion of Se	sist an employee in c ction 1 of this form a	ng Section 1 completing and that to	Section 1.) o the best of my

STOP

STOP



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Section 2. Employer or Authorized Pepresentative Poview and Verification

Employee Info from Section 1	ne (Family Name)	First Name	(Given Name)	M.I.	Citizenship/Immigration Statu			
List A Identity and Employment Authorization	OR	List B Identity	AND		List C Employment Authorizatior			
Document Title	Document T	Document Title			Document Title			
ssuing Authority	Issuing Auth	Issuing Authority			Issuing Authority			
Document Number	Document N	Document Number			Document Number			
Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)	Expiration D	Expiration Date (if any) (mm/dd/yyyy)			Expiration Date (if any) (mm/dd/yyyy)			
Document Title								
ssuing Authority	Additional	Additional Information			QR Code - Section 2 Do Not Write In This Space			
Document Number								
Expiration Date (if any) (mm/dd/yyyy)								
Document Title								
ssuing Authority								

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

Signature of Employer or Authorized Representative			Today's Date <i>(mm/dd/yyyy)</i>			Title of Employer or Authorized Representative				
Last Name of Employer or Authorized Represent	First Name of Employer or Authorized Representative			ntative	Employer's Business or Organization Name Ohio Wesleyan University					
Employer's Business or Organization Addres	et Number al	nd Name) City or Town				State	ZIP Code			
61 S. Sandusky St.	Delaware					ОН	43015			
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)										
A. New Name (if applicable)					B. Date of Rehire (if applicable)					
Last Name <i>(Family Name)</i>	First Name (Given Name)				Middle Initial Date (mm/			dd/yyyy)		
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title			Document Number					Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)		
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.										
Signature of Employer or Authorized Repres	Today's	s Date <i>(mm/dd/yyyy)</i> Name			of Employer or Authorized Representative					

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 AN	ID	LIST C Documents that Establish Employment Authorization
2.	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 that contains a photograph (Form I-766)		 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, eye color, 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, gender, height, eye color, and address 	1.	 A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has		 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card 	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	 (1) The same name as the passport; and (2) An endorsement of the alien's 		 U.S. Coast Guard Merchant Mariner Card Native American tribal document 	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		 Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 	7.	Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
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 		

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

Refer to the instructions for more information about acceptable receipts.