

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ 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 than the first day of employment, but not			ist complete and	d sign Se	ection 1 o	f Form I-9 no later			
Last Name (Family Name)	First Name (Given Nam	Middle Initial	Other L	Other Last Names Used (if any)					
Address (Street Number and Name)	(Street Number and Name) Apt. Number City or Town								
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Empl	oyee's E-mail Add	Eı	Employee's Telephone 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 a	am (check one of the	e following box	es):						
1. A citizen of the United States									
2. A noncitizen national of the United States (See instructions)									
3. A lawful permanent resident (Alien Registration Number/USCIS Number):									
4. An alien authorized to work until (expira	• • • • • • • • • • • • • • • • • • • •			_					
Some aliens may write "N/A" in the expiration date field. (See instructions) QR Code - Section 1									
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.									
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/yyyy)			
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 E	Date (mm/d	dd/yyyy)			
Last Name (Family Name)		First Nam	ne (Given Name)						
Address (Street Number and Name)		City or Town			State	ZIP Code			

STOP

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

of Acceptable Documents.")											
Employee Info from Section 1	Last Nam	e (Far	nily Name)		First Name (Given Nan		n Name	e) N	M.I.	Citizer	nship/Immigration Status
List A OR Identity and Employment Authorization			List B Al			Αl	ID List C Employment Authorization				
Document Title			Document Ti	tle				Docume	nt Title)	
Issuing Authority			Issuing Author	ority				Issuing A	Author	ity	
Document Number	Document Number				Document Number						
Expiration Date (if any) (mm/dd/yy)	/y)		Expiration Da	ate (if any	/) (mm/dd	/уууу)		Expiration	n Dat	e (if an	y) (mm/dd/yyyy)
Document Title											
Issuing Authority Additional Information					tion						Code - Sections 2 & 3 ot Write In This Space
Document Number											
Expiration Date (if any) (mm/dd/yy)	/y)										
Document Title											
Issuing Authority											
Document Number											
Expiration Date (if any) (mm/dd/yy)	<i>(Y)</i>										
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 (mm/dd/yyyy) Title of Employer or Authorized Today's Date (mm/dd/yyyy)											
Leat Name of Franks, and Authorized Development (First N				-mployer	yer or Authorized Representative Employer's Business or				or Organization Name		
Last Name of Employer or Authorized Representative First Name of Emp			Imployer	The Nature Institute					_		
Employer's Business or Organization 2213 S Levis Ln	on Address	(Stre	et Number an	d Name)	God	r Town frey			Sta IL		ZIP Code 62035
Section 3. Reverification	and Reh	ires	(To be comp	oleted ai	nd signe	d by emplo					
A. New Name (if applicable)								B. Date of	Rehir	e (if ap	plicable)
ast Name (Family Name) First Name (Given Name)			ame)		Middle Initial Date (n			mm/dd/yyyy)			
C. If the employee's previous grant continuing employment authorization					ed, provid	e the informa	ation fo	or the docu	ument	or rece	eipt that establishes
Document Title Document Number Expiration Date (if an					ate (if any) (mm/dd/yyyy)						
I attest, under penalty of perjur the employee presented docun											
Signature of Employer or Authorize	ed Represe	ntative	e Today's	Date (mn	n/dd/yyyy,	Name	of Em	ployer or A	Author	ized Re	epresentative
·											

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	LIST B Documents that Establish Identity OR AN		ID	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, 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, 	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
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: a. Foreign passport; and	5	gender, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)
	b. Form I-94 or Form I-94A that has the following:(1) The same name as the passport; and	7.	 Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document 		Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(2) An endorsement of the alien's 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.		9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		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	11	O. School record or report card Clinic, doctor, or hospital record 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.

Form I-9 10/21/2019 Page 3 of 3