

I-9 Examples – International Employees

Section-1

Examples
USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026



Employment Eligibility Verification

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

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1** or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State, ZIP Code
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) American Samoa, Trust Territory of the Pacific Islands, certain children of noncitizen nationals born abroad.				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) Lawful Permanent Resident/Green Card				
		<input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)		
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.						

I-20 work authorization (F-1 student visa)

Section-2

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1	Passport				
Issuing Authority	(country issuing passport)				
Document Number (if any)	(passport number)				
Expiration Date (if any)	(not expired)				
Document Title 2 (if any)	I-94	Additional Information			
Issuing Authority	US CBP				
Document Number (if any)	(I-94 number)				
Expiration Date (if any)	(Admit Until Date)				
Document Title 3 (if any)	I-20				
Issuing Authority	US DHS				
Document Number (if any)	(N #)				
Expiration Date (if any)	(not expired)				
					<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy): []
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

DS-2019 work authorization (J-1 visitor visa)

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.							
	List A	OR	List B	AND	List C		
Document Title 1	Passport						
Issuing Authority	(country issuing passport)						
Document Number (if any)	(passport number)						
Expiration Date (if any)	(not expired)						
Document Title 2 (if any)	I-94		Additional Information J-1 students, and only GEs not sponsored by UO (e.g. Fulbright) need to provide a 'J-1 Letter' authorizing work (keep copy with I-9). In this box, list - Document Title - Issuing Authority - Document Number if applicable - Dates Authorized to Work <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority	US CBP						
Document Number (if any)	(I-94 number)						
Expiration Date (if any)	(Admit Until Date)						
Document Title 3 (if any)	DS-2019						
Issuing Authority	US Dept. of State						
Document Number (if any)	(N #)						
Expiration Date (if any)	(not expired)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.						First Day of Employment (mm/dd/yyyy): <div style="background-color: yellow; width: 100px; height: 15px;"></div>	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative				Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code					

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employment Authorization Card (EAC/EAD) I-766

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.							
	List A	OR	List B	AND	List C		
Document Title 1	EAC	OR	Photo ID		I-766 (no photo)		
Issuing Authority	USCIS		(issuing authority)		USCIS		
Document Number (if any)	USCIS # (e.g. ###-###-###)		(document number)		USCIS # (e.g. ###-###-###)		
Expiration Date (if any)	(not expired, unless I-797C Receipt)		(not expired if applicable)		(not expired)		
Document Title 2 (if any)			Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
Document Title 3 (if any)							
Issuing Authority							
Document Number (if any)							
Expiration Date (if any)							
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.						First Day of Employment (mm/dd/yyyy): <div style="background-color: yellow; width: 100px; height: 15px;"></div>	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative				Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code					

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

H1B / O1 / TN / E3 status

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1	Passport		
Issuing Authority	(country issuing passport)		
Document Number (if any)	(passport number)		
Expiration Date (if any)	(not expired)		
Document Title 2 (if any)	I-797A	Additional Information	
Issuing Authority	USCIS		
Document Number (if any)	(I-94 number)		
Expiration Date (if any)	(Valid To Date)		
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): <input type="text"/>
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Lawful Permanent Resident Card (PRC) / Green Card I-551

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
List A		OR	List B AND List C
Document Title 1	PRC		(Photo ID) SSC (unrestricted)
Issuing Authority	USCIS		(issuing authority) SSA
Document Number (if any)	USCIS # (e.g. ###-###-###)		(document number) (SSC number)
Expiration Date (if any)	(not expired)		(not expired if applicable)
Document Title 2 (if any)	Passport with I-155 Stamp or Notation (requires reverification)	Additional Information	
Issuing Authority	(country issuing passport)		
Document Number (if any)	(passport number)		
Expiration Date (if any)	(not expired)		
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): <input type="text"/>
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.