



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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) Studentian		First Name (Given Name) Arpi		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name) 1 Fiction Road			Apt. Number (if any) 9	City or Town Jacksonville		State FL <input type="checkbox"/>
Date of Birth (mm/dd/yyyy) 03/24/1990		U.S. Social Security Number 1 2 3 4 5 6 7 8 9		Employee's Email Address astudentian@university.com		Employee's Telephone Number (904) 123-4657
<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.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)		<input checked="" type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) 08/04/2024		
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number 123456789A2	OR	Foreign Passport Number and Country of Issuance
Signature of Employee <i>Arpi Studentian</i>				Today's Date (mm/dd/yyyy) 04/10/2021		

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.

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	EAD				
Issuing Authority	USCIS				
Document Number (if any)	772666930				
Expiration Date (if any)	08/04/2024				
Document Title 2 (if any)			Additional Information		
Issuing Authority			STEM OPT Extension		
Document Number (if any)			180 Days (01/31/2025)		
Expiration Date (if any)			See I-20 Attached		
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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):
03/12/2024

Last Name, First Name and Title of Employer or Authorized Representative Perry, Ralph - HR Specialist		Signature of Employer or Authorized Representative <i>Ralph Perry</i>		Today's Date (mm/dd/yyyy) 03/12/2024
Employer's Business or Organization Name The ABC Company		Employer's Business or Organization Address, City or Town, State, ZIP Code 123 Riverplace BLvd, Jacksonville, FL 32202		

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