

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 I day of employment, b | nformatio ı ut not befoı | n and Attestat re accepting a | t ion: Employ job offer. | ees must comp | olete and | sign Sect | ion 1 of F | orm I-9 r | no later than the first | | |
|--|------------------------------------|---|------------------------------------|---|---------------------------------|----------------------------|------------------------------|---|---|--|--|
| Last Name (Family Name) | | First Name (Given Name | | e) | Middle Initial (if any) Other L | | Other Last | ast Names Used (if any) | | | |
| Address (Street Number and | Name) | | Apt. Number (if | f any) City or Tow | n | | | State | ZIP Code | | |
| Date of Birth (mm/dd/yyyy) | U.S. So | cial Security Numb | per Empl | loyee's Email Addre | ss | | | Employee | e's Telephone Number | | |
| 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. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): 1. A citizen of the United States 2. A noncitizen national of the United States (See Instructions.) 3. A lawful permanent resident (Enter USCIS or A-Number.) 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 Form I-94 Admission Number Foreign Passport Number and Country of Issuance | | | | | | | | | |
| correct. Signature of Employee | | | OR | | Т | oday's Date | (mm/dd/yyy | y) | | | |
| If a preparer and/or tra | nelator accie | tod you in comple | ting Section 1 | that norson MUS | F complete | the Propare | or and/or Tr | anelator C | ortification on Page 3 | | |
| ir a preparer and/or tra | nsiator assis | tea you in comple | eting Section 1, | , that person wos | complete | the Prepare | er and/or in | ansiator C | eruncation on Page 3. | | |
| Section 2. Employer F business days after the en authorized by the Secretal documentation in the Addi | nployee's firs | st day of employs ocumentation fro ation box; see Ir | ment, and mus om List A OR a | st physically exar a combination of | nine, or ex documenta | camine con ation from L | sistent with List B and L | nd sign S n an alterr List C. Er | native procedure nter any additional | | |
| | | List A | OR | Li | st B | | AND | | List C | | |
| Document Title 1 | | | | | | | | | | | |
| Issuing Authority | | | | | | | | | | | |
| Document Number (if any) | | | | | | | | | | | |
| Expiration Date (if any) | | | Ado | ditional Informat | ion | | | | | | |
| Document Title 2 (if any) 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) | | | | Check here if you u | sed an altei | rnative proce | dure authori | zed by DH | S to examine documents. | | |
| Certification: I attest, under employee, (2) the above-list best of my knowledge, the e | ed document | ation appears to l | oe genuine and | I to relate to the en | | | | First Da (mm/dd | ay of Employment I/yyyy): | | |
| Last Name, First Name and Ti | tle of Employe | er or Authorized Re | epresentative | Signature of Er | mployer or A | Authorized R | epresentativ | е | Today's Date (mm/dd/yyyy | | |
| Employer's Business or Organization Name Hamilton College | | | | Employer's Business or Organization Address, City or Town, State, ZIP Code 198 College Hill Rd Clinton, NY 13323 | | | | | | | |

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A | | LIST B | LIST C | | | | |
|---|-------|---|---|--|--|--|--|
| Documents that Establish Both Identity and Employment Authorization | OR | Documents that Establish Identity ANI | D Documents that Establish Employment Authorization | | | | |
| 1. U.S. Passport or U.S. Passport Card | | Driver's license or ID card issued by a State or outlying possession of the United States | A Social Security Account Number card, unless the card includes one of the followin restrictions: | | | | |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | provided it contains a photograph or information such as name, date of birth, | (1) NOT VALID FOR EMPLOYMEN | | | | |
| 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) | | gender, height, eye color, and address 2. ID card issued by federal, state or local | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION | | | | |
| | | government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION | | | | |
| | | and address | 2. Certification of report of birth issued by the | | | | |
| 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:a. Foreign passport; and | | 3. School ID card with a photograph | Department of State (Forms DS-1350, FS-545, FS-240) | | | | |
| | | 4. Voter's registration card | 3. Original or certified copy of birth certificate | | | | |
| | | 5. U.S. Military card or draft record | issued by a State, county, municipal authority, or territory of the United States | | | | |
| b. Form I-94 or Form I-94A that has the following: | | 6. Military dependent's ID card | bearing an official seal | | | | |
| (1) The same name as the passport; and | | 7. U.S. Coast Guard Merchant Mariner Card | Native American tribal document | | | | |
| | | 8. Native American tribal document | 5. U.S. Citizen ID Card (Form I-197) | | | | |
| (2) An endorsement of the individual's status or parole as long as that period of | | Driver's license issued by a Canadian government authority | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) | | | | |
| endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or | | For persons under age 18 who are unable to present a document listed above: | 7. Employment authorization document issued by the Department of Homeland Security | | | | |
| limitations identified on the form. | | | For examples, see Section 7 and Section 13 of the M-274 on | | | | |
| 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 | uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item | | | | |
| | | 11. Clinic, doctor, or hospital record | | | | | |
| | | 12. Day-care or nursery school record | Number 4. document, not a List C document. | | | | |
| | | Acceptable Receipts | I | | | | |
| May be prese | ented | in lieu of a document listed above for a te | emporary period. | | | | |
| | | For receipt validity dates, see the M-274. | | | | | |
| Receipt for a replacement of a lost, stolen, or damaged List A document. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. | | | | |
| Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. | | | | | | | |
| Form I-94 with "RE" notation or refugee stamp issued to a refugee. | | | | | | | |

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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