

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

y 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

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Section 2. Employer or Auth (Employers or their authorized represe must physically examine one documer of Acceptable Documents.")	ntative must at from List A	complete and OR a combine	sign Section	n 2 within 3	business d	lays of the er				
Employee Info from Section 1	st Name (Fa	mily Name)		First Nam	e (Given Na	ame)	M.I. C	citizenship/Immigration Status		
List A Identity and Employment Authoriza	?	List B AN Identity			AND	ND List C Employment Authorization				
Document Title		Document Title					Document Title			
Issuing Authority		Issuing Authority					Issuing Authority			
Document Number		Document Number				Docume	Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)				Expiration	Expiration Date (if any) (mm/dd/yyyy)			
Document Title										
Issuing Authority	Additional	Additional Information					QR Code - Sections 2 & 3 Do Not Write In This Space			
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any) (mm/dd/yyyy)										
Certification: I attest, under penalty (2) the above-listed document(s) appemployee is authorized to work in the	pear to be ge	enuine and to								
The employee's first day of emplo	yment (r	mm/dd/yyyy)	:		(See	instruction	s for ex	emptions)		
Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy) Title			tle of Employ	of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First Name of			Employer or i	epresentative		Employer's Business or Organization Name The University of Akron				
Employer's Business or Organization Address (Street Number 185 E. Mill Street			and Name) City or Town Akron			1	State	211 0000		
Section 3. Reverification and	Rehires	(To be com	pleted and	signed by	employer	or authoriz	ed repr	resentative.)		
A. New Name (if applicable)					B. Date of	B. Date of Rehire (if applicable)				
Last Name (Family Name) First Name (Given			Name) Middle Initial			Date (mm	Date (mm/dd/yyyy)			
C. If the employee's previous grant of continuing employment authorization in				provide the	e information	n for the doc	ument o	r receipt that establishes		
Document Title			Document Number				Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that the employee presented document(s										
Signature of Employer or Authorized F	re Today's	Date (mm/dd/yyyy) Name of Emp			Employer or a	ployer or Authorized Representative				

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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		LIST B			LIST C		
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity OR AN			Documents that Establish Employment Authorization ND		
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 that contains a photograph (Form		 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 		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		
5.	I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	3. 4. 5. 6. 7.	S. School ID card with a photograph Voter's registration card U.S. Military card or draft record	3.	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		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		Native American tribal document U.S. Citizen ID Card (Form I-197)		
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
pro	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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		
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		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.

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