



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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)<br>Weekes                       |  | First Name (Given Name)<br>Daniel |                                    | Middle Initial<br>R        | Other Names Used (if any) |                                    |
| Address (Street Number and Name)<br>14918 Whittier Loop |  |                                   | Apt. Number                        | City or Town<br>Woodbridge | State<br>VA               | Zip Code<br>22193                  |
| Date of Birth (mm/dd/yyyy)<br>04/20/1978                | U.S. Social Security Number<br>615-03-0557 |                                   | E-mail Address<br>geodrw@gmail.com |                            |                           | Telephone Number<br>(703) 730-9908 |

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 am (check one of the following):

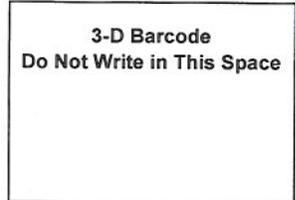
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|                                      |  |                         |                   |
|--------------------------------------|--|-------------------------|-------------------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |                   |
| Last Name (Family Name)              |  | First Name (Given Name) |                   |
| Address (Street Number and Name)     |  | City or Town            | State<br>Zip Code |



Employer Completes Next Page

