



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

▶ **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 employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
		RAJU RAM				
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
65, Rio Robles E		3113	SAN JOSE		CA	95134
Date of Birth (mm/dd/yyyy)	U S Social Security Number		Employee's E-mail Address		Employee's Telephone Number	
07/01/1990	607-42-1032		raju7843@yahoo.com		512-553-4384	

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 boxes):

<input type="checkbox"/> 1 A citizen of the United States	
<input type="checkbox"/> 2 A noncitizen national of the United States (<i>See instructions</i>)	
<input type="checkbox"/> 3 A lawful permanent resident (Alien Registration Number/USCIS Number) _____	
<input checked="" type="checkbox"/> 4 An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) <u>04/05/2025</u> Some aliens may write "N/A" in the expiration date field (<i>See instructions</i>)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9</i> <i>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number</i>	
1 Alien Registration Number/USCIS Number _____ OR 2 Form I-94 Admission Number _____ OR 3 Foreign Passport Number <u>L6250744</u> Country of Issuance <u>India</u>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
	12/02/2022

Preparer and/or Translator Certification (check one):
☒ I did not use a preparer or translator ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M I	Citizenship/Immigration Status
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List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C
Employment Authorization

Document Title Passport	Document Title	Document Title
Issuing Authority Republic of India	Issuing Authority	Issuing Authority
Document Number L6250744	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy) 12/16/2023	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>	
Issuing Authority		
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 of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative President	
Last Name of Employer or Authorized Representative Sreedhar	First Name of Employer or Authorized Representative Madhavaneni	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State Tx	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer 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	Documents that Establish Employment Authorization
OR		AND	
1. U S Passport or U S Passport Card	OR	1 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	1 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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. 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	2 Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3 Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa			
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph	3 Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status a Foreign passport, and b. Form I-94 or Form I-94A that has the following (1) The same name as the passport, and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card	
		5 U S Military card or draft record	
		6. Military dependent's ID card	
		7. U S Coast Guard Merchant Mariner Card	
		8 Native American tribal document	
		9 Driver's license issued by a Canadian government authority	
		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
10. School record or report card			
11. Clinic, doctor, or hospital record			
12 Day-care or nursery school record			
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			

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

Refer to the instructions for more information about acceptable receipts.