

U.S. Citizenship and Immigration Services

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 (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment</i> , but not before accepting a job offer.) | | | | | | | | | | |
|---|-----------------------------|----------|--------------------------|---------------------------|---|----------------|---------|---------------------------------------|--|--|
| Last Name (Family Name) Fir | | First Na | me <i>(Gi</i> v | ren Name |) | Middle Initial | Other L | Other Last Names Used <i>(if any)</i> | | |
| Address (Street Number and Name) | | | Apt. Number City or Town | | | | | State ZIP Code | | |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | | Employee's E-mail Address | | | | Employee's Telephone Number | | |
| | - | - | | | | | | | | |

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.

| 1.A citizen of the United States | | | |
|--|---|------------------------------------|---|
| 2.A noncitizen national of the United States (See instructions) | | | |
| 3.A lawful permanent resident (Alien Registration Number/USCIS N | umber): | | |
| 4. An alien authorized to work until (expiration date, if applicable, mm Some aliens may write 'N/A' in the expiration date field. (See instru- | uctions) | | |
| Aliens authorized to work must provide only one of the following docume An Alien Registration Number/USCIS Number OR Form I-94 Admission N | nt numbers to comp lumber OR Foreign | lete Form I-9: Passport Number. | QR Code - Section 1 Do Not Write In This Space |
| Alien Registration Number/USCIS Number: OR Sorm I-94 Admission Number: | | | |
| OR | 0 | | |
| 3. Foreign Passport Number: | ÷8 | | |
| Country of Issuance: | | | |
| Signature of Employee | | Today's Date (mm/do | //уууу) |
| Preparer and/or Translator Certification (check one) I did not use a preparer or translator. A preparer(s) and/or trans (Fields below must be completed and signed when preparers and/or | lator(s) assisted the | | |
| l attest, under penalty of perjury, that I am (check one of the following boxes): | | Today's [| Date (mm/dd/yyyy) |
| I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this | 1 | 10000 0 2 | |
| form and that to the best of my <u>knowledge the</u> information is true and correct. | | | |
| Signature of Preparer or Translator | | | |
| Last Name <i>(Family Name)</i> Form I-9 11/14/2016 N | First Name <i>(</i> G | liven Name) | Page 1 of 3 |

Address (Street Number and Name)



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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 | ast Name (Family Nar | me) First Name | (Given Name) | M.I. Citizenship/Immigration Status |
|---|----------------------|---------------------------------------|--------------|--|
| List A Identity and Employment Autho | OR | List B Identity | AND | List C Employment Authorization |
| Document Title | Docun | nent Title | Docum | ent Title |
| Issuing Authority | Issuin | g Authority | Issuing | Authority |
| Document Number | Docun | nent Number | Docum | ent Number |
| Expiration Date (if any)(mm/dd/yyyy) |) Expira | tion Date <i>(if any)(mm/dd/yyyy)</i> | Expirat | ion Date (<i>if any)(mm/dd/yyyy)</i> |
| Document Title | | | | |
| Issuing Authority | Addi | tional 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 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 o | Title of Employer or Authorized Representative | | | | |
|--|--------------|--|--------------------------|--|-----------------------------------|--|---------------------------------------|-------------|------------|--|
| | | | - F | | | Hu | uman Resources Manager | | | |
| Last Name of Employer or Authorized Representative First | | irst Name of Employer or Authorized Representative | | | ative | Employer's Business or Organization Name | | | | |
| | | | | | | | Newmeadow, Inc. | | | |
| Employer's Business or Organization Addres | s (Street Nu | mber and | Name) | City or Town | | | | State | ZIP Code | |
| 23 Sitterly Road | | | | Clifton Park | | | | NY | 12065 | |
| | | | | | | | | | . . | |
| Section 3. Reverification and Re | ehires (10 | be com | pleted and | signe | d by emplo | yer or | authorize | ed represei | ntative.) | |
| A. New Name (if applicable) | | | | F | B. Date of Rehire (if applicable) | | | | | |
| Last Name (Family Name) | First Name | First Name (Given Name) Mic | | | Middle Initia | al [| 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 | | Docume | Document Number | | | | Expiration Date (if any) (mm/dd/yyyy) | | | |
| | | | | | | | | | | |
| 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 Da | | | Date (mm/c | dd/yyyy) Name of Employer or Authorized Representative | | | | | | |

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 Documents that Establish Both Identity and | LIST B Documents that Establish Identity | LIST C Documents that Establish Employment Authorization | | |
|---|--|--|--|--|
| Employment Authorization OF | - | ND | | |
| U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a | 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 | A Social Security Account Number card, unless the card includes one of the following restrictions: NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION | | |
| temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa | 2. ID card issued by federal, state or local government agencies or entities, | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION | | |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) | | |
| For a nonimmigrant alien authorized to work for a specific employer | School ID card with a photograph Voter's registration card | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) | | |
| because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: | U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal | | |
| (1) The same name as the passport; and | Card 8. Native American tribal document | 5. Native American tribal document | | |
| (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. | 9. Driver's license issued by a Canadian government authority | U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of | | |
| | For persons under age 18 who are unable to present a document listed above: | Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the | | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of | 10. School record or report card | Department of Homeland Security | | |
| the Marshall Islands (RMI) with Form I- | 11. Clinic, doctor, or hospital record | | | |
| 94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | 12. Day-care or nursery school record | | | |

documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.