New Employee Form I-9

Section 1. Employee Information and Attestation

Last Name (Family Name):
• First Name (Given Name):
Middle Initial:
Other Last Names Used:
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 Email Address:
Employee's Telephone Number:
Attestation
• I attest, under penalty of perjury, that I am (check one of the following boxes):
A citizen of the United States
A noncitizen national of the United States
A lawful permanent resident (Alien Registration Number/USCIS Number):
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•	An alien authorized to work (Expiration Date, if applicable, mm/dd/yyyy):
Employee's	Signature:
Date:	