



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 before proceeding to Section 2: Preparer/Translator Attestation)

Last Name (Family Name) <i>Her</i>	First Name (Given Name) <i>Johnny</i>	Middle Initial <i>J</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>9731 Reseda Blvd</i>	Apt. Number <i>Unit 61</i>	City or Town <i>Northridge</i>	State <i>CA</i>	Zip Code <i>91324</i>
Date of Birth (mm/dd/yyyy) <i>12/12/1990</i>	U.S. Social Security Number <i>602-412-3832</i>	E-mail Address <i>johnnyjher@gmail.com</i>	Telephone Number <i>(559)408-1227</i>	

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: _____

3-D Barcode
Do Not Write in This Space

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: <i>[Signature]</i>	Date (mm/dd/yyyy): <i>08/23/2016</i>
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Preparer/Translator Attestation: _____	Preparer/Translator Signature: _____	Preparer/Translator Signature Date (mm/dd/yyyy): _____
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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: <i>[Signature]</i>	Date (mm/dd/yyyy): <i>08/23/2016</i>		
Last Name (Family Name)	First Name (Given Name)		
Address (Street Number and Name)	City or Town	State	Zip Code



Section 2: Employer or Authorized Representative Review and Verification

The employer or authorized representative must complete and sign Section 2 within 10 business days of the employee's first day of employment. Use A OR examine a combination of one document from List B and one document from List C. Enter the document title, document number, and expiration date (if any) on the back page of this form. For each document you review, record the title, document number, and expiration date, if any.

Employee Last Name, First Name and Middle Initial from Section 1: Her, Johnny J

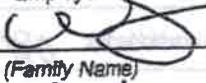
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>CA DL</u>		Document Title: <u>SSC</u>
Issuing Authority:		Issuing Authority: <u>California</u>		Issuing Authority: <u>SS Admin</u>
Document Number:		Document Number: <u>08963844</u>		Document Number: <u>602-42-3832</u>
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy): <u>12/12/16</u>		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
3-D Barcode Do Not Write in This Space				

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): 8/23/16

(See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) <u>8/23/16</u>	Title of Employer or Authorized Representative <u>RECRUITER</u>	
Last Name (Family Name) <u>JURIED</u>	First Name (Given Name) <u>ILISA</u>	Employer's Business or Organization Name <u>Acrobat Consulting</u>	
Employer's Business or Organization Address (Street Number and Name) <u>6362 Hollywood Blvd #210</u>		City or Town <u>Los Angeles</u>	State <u>CA</u> Zip Code <u>90008</u>

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative: