OMB No. 1615-0047; Expires 08/31/12 Location Code: _

Form I-9, Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

Performance Zone:

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 documents have a

future expiration date may also co Section 1. Employee Information			ed by employee	at the time emplo	vment begins.)		
Print Name: Last First		Middle Initial Maiden Name					
Address (Street Name and Number)		,	Apt. #	Date of Birth (month	h/day/year)		
City	State	2	Zip Code	Social Security #			
I am aware that federal law provi	des for	I attest, under pen	alty of perjury, tha	t I am (check one of the	ne following):		
imprisonment and/or fines for fals	A citizen of	A citizen of the United States					
use of false documents in connection with the		A noncitizen	A noncitizen national of the United States (see instructions)				
completion of this form.		A lawful permanent resident (Alien #)					
-		An alien aut	horized to work (A	lien # or Admission #			
		until (expira	tion date, if applica	able - month/day/year)			
Employee's Signature		Date (month/day	/year)				
Preparer and/or Translator Certific penalty of perjury, that I have assisted in the	fication (To be completed completion of this form and	d and signed if Section 1 is pi d that to the best of my knowl	repared by a person edge the information	n other than the emplo on is true and correct.	yee.) I attest, under		
Preparer's/Translator's Signature		Print Name					
Address (Street Name and Number		Date (month/day/year)					
expiration date, if any, of the docum List A	OR	List B	AND		List C		
Document title:							
Issuing authority:							
Document #:							
Expiration Date (if any):							
Document #:							
Expiration Date (if any):							
	to be genuine and to red that to the best of my	late to the employee nam y knowledge the employe	ed, that the em	ployee began empl	oyment on		
employment agencies may omit the da				Tiale			
Signature of Employer or Authorized Repres	entative Print N	ame		Title			
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)				Date (month/day/y	rear)		
CCSD- 2832 E Flamingo Ro	ad. Las Vegas,	NV 89121					
Section 3. Updating and Reverific	ation (To be complete	ed and signed by emplo	yer.)				
A. New Name (if applicable)				ehire (month/day/year) (if applicable)		
C. If employee's previous grant of work auth	orization has expired, prov	ide the information below for	the document that	t establishes current er	nployment authorization.		
Document Title:		Document #:		Expiration Date (if a	ny):		
l attest, under penalty of perjury, that to ti document(s), the document(s) l have exam				nited States, and if th	e employee presented		
Signature of Employer or Authorized Repres		Date (month/day/year)					

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both

LIST B Documents that Establish

LIST C

Documents that Establish

	Identity and Employment Authorization O	Identity OR	Employment Authorization AND
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form	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	Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
3.	I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
readable immigrant visa		name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State
4.	Employment Authorization Document that contains a photograph (Form	3. School ID card with a photograph	(Form DS-1350)
	I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State,
5.	In the case of a nonimmigrant alien authorized to work for a specific	5. U.S. Military card or draft record	county, municipal authority, or territory of the United States
	employer incident to status, a foreign passport with Form I-94 or Form	6. Military dependent's ID card	bearing an official seal
	I-94A bearing the same name as the passport and containing an endorsement of the alien's	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	nonimmigrant status, as long as the period of endorsement has not yet	8. Native American tribal document	
	expired and the proposed employment is not in conflict with any restrictions or limitations	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197
6	identified on the form 6. Passport from the Federated States of	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
U.	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating	10. School record or report card	8. Employment authorization document issued by the
	nonimmigrant admission under the Compact of Free Association	11. Clinic, doctor, or hospital record	Department of Homeland Security
	Between the United States and the FSM or RMI	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)