



Review the instructions on the checklist for the Department of Homeland Security I-9 Form.

**THIS DOCUMENT MUST NOT HAVE ANY ERASURES.**

**If you make a mistake, start over on a new form.**

Page 1: APPLICANT



Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

▶ **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** (Employee 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)	
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.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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 Number): \_\_\_\_\_

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): \_\_\_\_\_  
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
OR  
2. Form I-94 Admission Number: \_\_\_\_\_  
OR  
3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Today's Date (mm/dd/yyyy) \_\_\_\_\_

**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 preparer(s) and/or translator(s) 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

*To be filled out, signed and dated by the applicant. Make sure all writing is clear and neat. This is a legal document!*

*Only fill if a translator was used. Otherwise, leave blank.*

STOP Employer Completes Next Page STOP

**WARNING**

Errors carry a federal **fine** of up to **\$1,000.00**, which will be passed on to the entity which has incorrectly completed the form. If you have questions, call the Human Resources Department: 818-546-8415

Page 2: SUPERVISOR/EMPLOYER REPRESENTATIVE

**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 08-31-2019

**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 List of Acceptable Documents.)

Employee Info from Section 1 Last Name (Family Name) First Name (Given Name) M. Citizenship/Immigration Status

List A OR List B AND List C

Identify and Employment Authorization Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy)

Document Title Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy)

Additional Information OR Code - Sections 2 & 3 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): (See instructions for exemptions)

Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name So. Cal. Conf. of SDAs

Employer's Business or Organization Address (Street Number and Name) City or Town State ZIP Code  
 1535 E. Chevy Chase Drive Glendale CA 91206

**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)

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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Refer to the first page. If the applicant checked the first box, write the numeral "1." If the second write "2," and so forth. Only a number must be in his box.

Supervisor/Employer Representative will verify the original identifying documents ensuring they are on the list of acceptable documents as listed on page 3. Employer address must be the SCC's: 1535 E. Chevy Chase Dr. Glendale, CA 91206

Leave blank for new hires.

Page 3: FOR REFERENCE ONLY. DO NOT REMOVE THIS PAGE.

**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 Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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 OS-1350, FS-545, FS-242)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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
4. Employment Authorization Document that contains a photograph (Form I-797)		4. Voter's registration card		4. Native American tribal document
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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
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		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

For persons under age 18 who are unable to present a document listed above:

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M 274).

Refer to the instructions for more information about acceptable receipts.

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This page is for your reference only, there is nothing to fill out.. Do not remove this from the packet. This page must be submitted to the Human Resources Department with the other pages.

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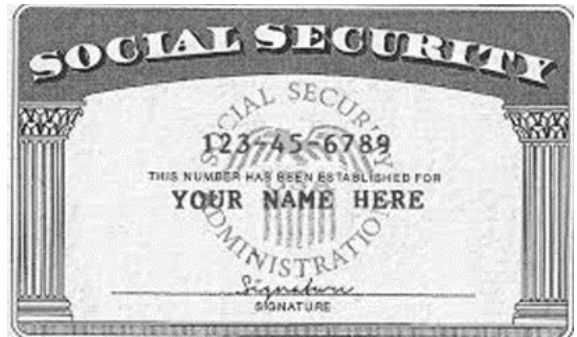
Page 4: ATTCH PHOTOCOPIES OF ORIGINAL DOCUMENTS.

If you are using a List A document, you only need ONE. Attach copy in BLACK AND WHITE.

If you are using List B + List C documents, attach a copy of both documents in BLACK AND WHITE.

\*\*\*A note regarding Social Security Cards:  
The “Issuing Authority” is on the seal behind the name.\*\*\*

*This card’s issuing authority is  
“Social Security Administration.”*



*This card’s issuing authority is  
“Department of Health and Human Services”*



Turn in ALL 3 PAGES + ATTACHMENTS **BEFORE** the first day of work.

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