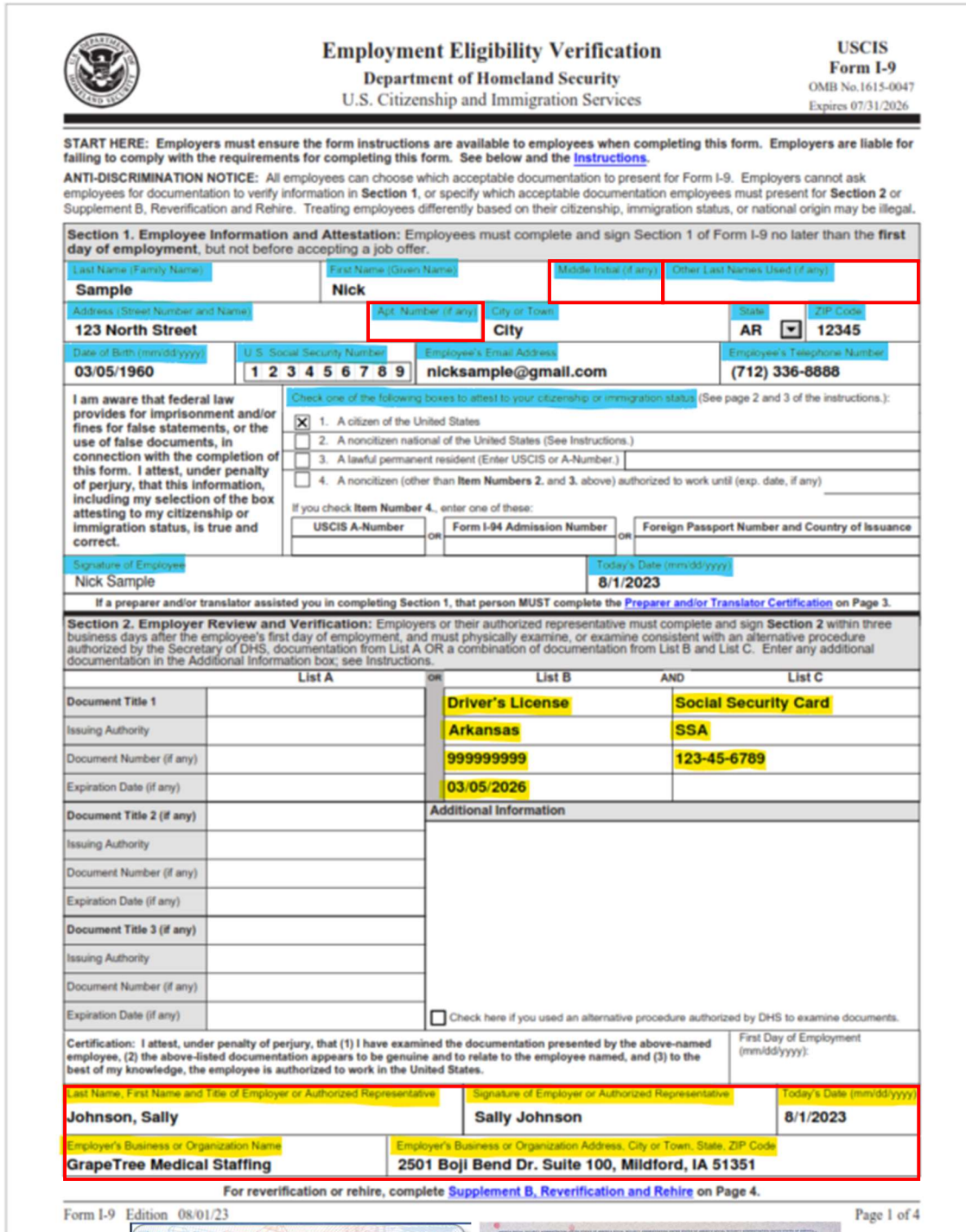


Driver's License and Social Security Card

Indicates sections you as the employee must complete and sign.

Indicates sections your authorized representative must complete and sign. You cannot fill out any areas marked in yellow. Since we as the employer are unable to physically view your documents in person, we ask that an authorized representative fill out this form for you.

Authorized Representative can be anyone you trust to view your identification information to complete this form. (Examples: neighbor, coworker, friend, or family member)



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

USCIS Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees 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): **Sample** First Name (Given Name): **Nick** Middle Initial (if any): [] Other Last Names Used (if any): []

Address (Street Number and Name): **123 North Street** Apt. Number (if any): [] City or Town: **City** State: **AR** ZIP Code: **12345**

Date of Birth (mm/dd/yyyy): **03/05/1960** U.S. Social Security Number: **1 2 3 4 5 6 7 8 9** Employee's Email Address: **nicksample@gmail.com** Employee's Telephone Number: **(712) 336-8888**

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States
 2. A noncitizen national of the United States (See Instructions.)
 3. A lawful permanent resident (Enter USCIS or A-Number.)
 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:
 USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance

Signature of Employee: **Nick Sample** Today's Date (mm/dd/yyyy): **8/1/2023**

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1			Driver's License		Social Security Card
Issuing Authority			Arkansas		SSA
Document Number (if any)			999999999		123-45-6789
Expiration Date (if any)			03/05/2026		
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): []

Last Name, First Name and Title of Employer or Authorized Representative: **Johnson, Sally** Signature of Employer or Authorized Representative: **Sally Johnson** Today's Date (mm/dd/yyyy): **8/1/2023**

Employer's Business or Organization Name: **GrapeTree Medical Staffing** Employer's Business or Organization Address, City or Town, State, ZIP Code: **2501 Boji Bend Dr. Suite 100, Mildford, IA 51351**

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

If a box does not apply to you, you can leave it blank or type N/A.

Your authorized representative must completely fill out the certification section with their signature, date signed, printed last and first name.

If the address line is blank, the authorized representative will enter GrapeTree's address as shown in this example.

