

Permanent Resident 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) Specimen	First Name (Given Name) Test	Middle Initial (if any) V	Other Last Names Used (if any)
Address (Street Number and Name) 123 North Street		Apt. Number (if any)	City or Town City
State WA		ZIP Code 12345	
Date of Birth (mm/dd/yyyy) 08/17/1958	U.S. Social Security Number 1 2 3 4 5 6 7 8 9	Employee's Email Address testspecimen@gmail.com	Employee's Telephone Number (712) 336-8888
<p>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.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status. (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input checked="" type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number) 000-000-310</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <p>USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance</p>			
Signature of Employee Test Specimen		Today's Date (mm/dd/yyyy) 08/01/2023	
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.			

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



The USCIS number is the 9 digit number listed on the front of the Permanent Resident Card. Please write the USCIS number in the box behind box 3.

The Document Number for List A is found on the back of the card (see below)

Document Title 1 Permanent Resident Card	Issuing Authority USCIS	Document Number (if any) MSC0000000110	Expiration Date (if any) 03/07/2028
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)	<input type="checkbox"/> 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, Milford, IA 51351	



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.