



**CANDIDATE PROFILE**

**Perfil del Candidato**

**PERSONAL INFORMATION Información Personal**

NAME (Last, First, MI)	
STREET ADDRESS Domicilio	
CITY Ciudad	ST Estado ZIP
HOME PHONE Teléfono	WORK PHONE Teléfono del trabajo
CELL PHONE Celular	EMAIL ADDRESS Correo electronico

**EMPLOYMENT DESIRED Trabajo Deseado**

POSITION / JOB / TYPE OF WORK YOU ARE SEEKING tipo de trabajo que usted quiere	
What is your minimum hourly rate of pay? _____ per hour	What would you like to earn? _____ per hour
Will you accept temporary or short-term employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATE AVAILABLE FOR WORK ¿cuándo está usted disponible a trabajar?	PREFERRED HOURS i.e. 8-5 or nights qué horas pueden usted trabajar

**EDUCATION Educación**

	Name and location of School Nombre y ciudad de la escuela	Course of Study Curso del estudio	Total Years of Study Años del estudio	Degree/ Diploma Grado Diploma
High School Escuela				
College Universidad				
Other (Specify) Otro (Especifique)				

**ADDITIONAL SKILLS Habilidades Adicionales**

	Skill Habilidad	Experience(years)&Type Experiencia (años)y Tipo		Skill Habilidad	Experience(years) & Type Experiencia (años) y Tipo
<input type="checkbox"/>	Receptionist		<input type="checkbox"/>	Multi-line Phone	
<input type="checkbox"/>	MS Word		<input type="checkbox"/>	MS Excel	
<input type="checkbox"/>	Typing		<input type="checkbox"/>	Powerpoint	
<input type="checkbox"/>	Accounting (AP/AR/General)		<input type="checkbox"/>	Payroll	
<input type="checkbox"/>	Quickbooks		<input type="checkbox"/>	10-Key	
<input type="checkbox"/>	Warehouse		<input type="checkbox"/>	TWIC Card	
<input type="checkbox"/>	Driver		<input type="checkbox"/>	Forklift	
<input type="checkbox"/>	CDL-A		<input type="checkbox"/>	Shipping/Receiving	
<input type="checkbox"/>	HAZMAT Cert		<input type="checkbox"/>	CDL-B	
<input type="checkbox"/>	Electronics Assembly		<input type="checkbox"/>	Welding	
			<input type="checkbox"/>	Ushers / Hospitality	

## EMPLOYMENT HISTORY Historia de empleo

Please list your previous three employers starting with your **most recent** employer. Enumere por favor a sus tres patrones anteriores comenzando con su **el más reciente** patrón.

May we contact your current employer? ¿Podemos entrar en contacto con a su patrón actual?

YES/SI  NO

<b>1</b>	Employer Patrón (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date Comienzo Fecha	End Date Fecha de terminado	Primary Job Duties Deberes primarios del trabajo
	Address Dirección			1.
	City / State Ciudad / Estado	Starting Salary Comenzar Sueldo	Ending Salary Conclusión Sueldo	2.
	Supervisor Name & Phone number Número del nombre y de teléfono del jefe			3.
	Job position(s) Posiciones del trabajo	4.		
	Reason(s) for leaving ¿por qué usted se fue?			
<b>2</b>	Employer Patrón (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date Comienzo Fecha	End Date Fecha de terminado	Primary Job Duties Deberes primarios del trabajo
	Address Dirección			1.
	City / State Ciudad / Estado	Starting Salary Comenzar Sueldo	Ending Salary Conclusión Sueldo	2.
	Supervisor Name & Phone number Número del nombre y de teléfono del jefe			3.
	Job position(s) Posiciones del trabajo	4.		
	Reason(s) for leaving ¿por qué usted se fue?			
<b>3</b>	Employer Patrón (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date Comienzo Fecha	End Date Fecha de terminado	Primary Job Duties Deberes primarios del trabajo
	Address Dirección			1.
	City / State Ciudad / Estado	Starting Salary Comenzar Sueldo	Ending Salary Conclusión Sueldo	2.
	Supervisor Name & Phone number Número del nombre y de teléfono del jefe			3.
	Job position(s) Posiciones del trabajo	4.		
	Reason(s) for leaving ¿por qué usted se fue?			

This is a questionnaire used to establish a profile of job skills, work experience, and other information necessary to determine if Focus1 can be of assistance with your job search. Completion of this form and accompanying documents does not constitute a formal application for employment with Focus1. Any job opportunities discussed or offered should be considered temporary and indefinite in nature.

Have you ever been employed here before? ¿Le tienen trabajado aquí antes?  Yes  No  
 If Yes, when? ¿Cuándo?

Do you have any friends or relatives employed by this company? ¿Usted hace que a amigos o a parientes empleen esta compañía?  Yes  No

If Yes, please provide their names and relationship to you: Si proporcione sí, por favor sus nombres y relación a usted:  Yes  No

Are you currently employed? ¿Le emplean actualmente?  Yes  No

If hired, can you provide documents proving your legal right to work in the U.S.? ¿Si está empleado, puede usted proporcionar la prueba de la su derecha de trabajar en los E.E.U.U.?  Yes  No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence “(DUI)” Si el conducir es un requisito de la posición aplicada para, le en los 7 años pasados han condenado por conducir bajo influencia “(DUI)”  Yes  No  N/A

If hired, do you have a reliable means of transportation to and from work? ¿Si está empleado, usted tiene medios del transporte confiables a y desde trabajo?  Yes  No

Have you ever been convicted of a felony or misdemeanor involving a crime of violence, theft, or dishonesty? ¿Le siempre han condenado por un crimen o un delito menor que implicaba un crimen de la violencia, del hurto, o de la falta de honradez?  Yes  No

If Yes, please explain: Explique por favor:

## REFERENCES Referencias

List below three persons not related to you who **have knowledge of your work performance** within the last 5 years. Enumere debajo de tres personas no relacionadas con usted que tengan conocimiento de su funcionamiento de trabajo en el plazo de los 5 años pasados.

NAME Nombre		OCCUPATION Ocupación
COMPANY Compañía	CITY Ciudad	RELATIONSHIP TO YOU? ¿Por qué usted se fue?
TELEPHONE Teléfono	E-MAIL	YEARS ACQUAINTED Los años conocieron
NAME Nombre		OCCUPATION Ocupación
COMPANY Compañía	CITY Ciudad	RELATIONSHIP TO YOU? ¿Por qué usted se fue?
TELEPHONE Teléfono	E-MAIL	YEARS ACQUAINTED Los años conocieron
NAME Nombre		OCCUPATION Ocupación
COMPANY Compañía	CITY Ciudad	RELATIONSHIP TO YOU? ¿Por qué usted se fue?
TELEPHONE Teléfono	E-MAIL	YEARS ACQUAINTED Los años conocieron

This is a questionnaire used to establish a profile of job skills, work experience, and other information necessary to determine if FocusI can be of assistance with your job search. Completion of this form and accompanying documents does not constitute a formal application for employment with FocusI. Any job opportunities discussed or offered should be considered temporary and indefinite in nature.

**NOTICES Avisos (A copy of this document is available for you to take for your records)**

***Please read each statement closely and initial each acknowledging your understanding***

The following notices are conditions of all jobs offered through Focus1. Should you be offered a job opportunity, these conditions will apply. If you do not agree with or consent to these conditions, notify your consultant immediately and do not accept any work if offered. Los avisos siguientes son condiciones de todos los trabajos ofrecidos con Focus1. Si le ofrecen el trabajo, estas condiciones se aplicarán. Si usted no conviene con ni consiente a estas condiciones, notifique a su consultor inmediatamente y no acepte ningún trabajo si está ofrecido.

**Drug Free Workplace Policy**

I understand Focus1 maintains a drug-free workplace and that its employees may be subject to drug and/or alcohol screening based on reasonable suspicion or following any workplace accident or injury. Certain clients may require pre-employment screening. Any positive test will result in termination of employment and may affect my ability to receive workers compensation as well as unemployment benefits.

**Complete and Accurate Information**

I have completed this questionnaire truthfully and completely, and I understand that omission or misstatement of material fact here or on any document used to secure employment will be grounds for immediate discharge for good cause, regardless of the time elapsed before discovery.

**Temporary or Indefinite Nature of Employment**

I understand that all positions offered are to be considered temporary or indefinite in nature, regardless of anything written or verbal to the contrary. Client companies set the assignment start date, end date, and duration of assignment. **I understand that when my assignment ends, or if my hours are substantially reduced, I must notify Focus1 of my availability for other work by calling its 24-hour availability line at (361) 883-7300 ext. 951 within 48 hours, and that failure to do so may affect my eligibility for unemployment benefits.**

**Employment Matters**

I understand that if I am offered work, unless otherwise notified in writing, I will be employed by Focus1. I agree not to discuss payroll or employment-related matters (including harassment/discrimination of any kind, etc.) with any client company. Please call us immediately at 361-883-7300 ext. 901 to discuss these matters.

**At-Will Employment**

If I am employed, my employment will be "at-will" which means either Focus or I may terminate the employment relationship at any time, with or without cause and with or without notice. I understand that any prior representation, expressed or implied, to the contrary is hereby superceded and that no promise or representation may void "at-will" status unless made in writing and signed by Focus1's president.

**Safe Workplace and Injury Reporting Policy**

I agree to follow the Focus1 Workplace Safety Policy and well as any other safety rules or instructions I may be provided. I agree to notify my supervisor AND Focus1 by calling (361) 883-7300 (leaving a message if after hours on the 24-hour emergency mailbox) immediately following any workplace accident or injury before seeking treatment. I agree to follow all instructions regarding accident handling, injury response & obtaining treatment, and return-to-work guidelines.

**Payroll Deduction**

I understand that if I am offered work, and quit within 30 days, My drug test will be deducted from my last paycheck.

**Política libre del lugar de trabajo de la droga**

Esto es un lugar de trabajo droga-libre. Los empleados pueden ser sujetos una búsqueda del fondo, o las pruebas del alcohol y de la droga basadas en la suspicacia razonable o después de cualquier accidente o lesión de lugar de trabajo. Ciertas localizaciones pueden requerir la investigación de la droga del pre-employment. Cualquier prueba positiva dará lugar a la terminación del empleo y puede afectar su capacidad de recibir la remuneración de los trabajadores así como subsidios de desempleo.

**Información completa y exacta**

Certifico por este medio que no he retenido ninguna información que pudiera afectar mi oportunidad para empleo y que las respuestas dadas por mí son verdaderas y correctas al mejor de mi conocimiento. Entiendo que cualquier omisión o declaración errónea en este uso o otro documento usado para asegurar el empleo será argumentos para el rechazo de esta aplicación terminacion inmediata de mi empleo (si aplica), sin importar el tiempo transcurrió antes de descubrimiento.

**Naturaleza temporal o indefinida del empleo**

Entiendo que todas las posiciones ofrecidas son ser considerada temporal o indefinido en naturaleza, sin importar cualquier cosa escrita o verbal por el contrario. Las compañías del cliente fijaron la fecha de inicio de la asignación, la fecha de extremo, y la duración de la asignación. Entiendo que cuando mi asignación termina, o si mis horas se reducen substancialmente, debo notificar Focus1 de mi disponibilidad para el otro trabajo llamando su línea de disponibilidad de 24 horas en (361) 883-7300 ext. 951 dentro 48 horas, y que la falta de hacer tan puede afectar a mi elegibilidad para los subsidios de desempleo.

**Materias del empleo**

Entiendo que si me ofrecen el trabajo, a menos que esté notificado de otra manera en la escritura, Focus1 me emplee. Acuerdo no discutir la nómina de pago o materias relativas al empleo con cualquier compañía del cliente.

**Empleo voluntario**

Si me emplean, mi empleo será "en-" que significa que el foco o yo puede terminar la relación de empleo en cualquier momento, con o sin causa y con o sin el aviso. Entiendo que cualquier representación anterior, expresada o implicada, por el contrario está reemplazada por este medio y que ninguna promesa o representación puede anular "en-" estado a menos que esté hecho en la escritura y firmado por el presidente de Focus1.

**Política del reporte para un lugar a trabajo seguro**

Acuerdo seguir del lugar de trabajo Focus1 cualquier otra seguridad gobierna o las instrucciones de la seguridad la política y el pozo como que puedo ser proporcionado. Acuerdo notificar mi supervisor Y Focus1 llamando (361) 883-7300 (dejando un mensaje si después de horas en la caja de 24 horas de la emergencia) inmediatamente después de cualquier accidente o lesión de lugar de trabajo antes de buscar el tratamiento. Acuerdo seguir todas las instrucciones con respecto al accidente que dirige, & de la respuesta de lesión; la obtención del tratamiento, y volver-a-trabaja pautas.

**Deducción de nómina**

Entiendo que si soy ofrecido trabajo y dejar de fumar en 30 días, mi prueba de la droga se descontarán de mi último cheque de sueldo.

I understand these policies and accept the provisions as terms and conditions of my employment, and understand that violation of these policies may result in termination of my employment. I understand that completion of this form does not constitute an application for nor an offer of employment by Focus1Staffing. All offers of employment with Focus1 are contingent upon verification of eligibility to work legally in the U.S. and agreement with these conditions of employment. Entiendo estas políticas y acepto las provisiones como condiciones de mi empleo, y entiendo que la violación de estas políticas puede dar lugar a la terminación de mi empleo. Entiendo que la terminación de esta forma no constituye un uso para ni una oferta del empleo del Focus1. Todas las ofertas del empleo con Focus1 son contingentes sobre la verificación de la elegibilidad trabajar legalmente en los E.E.U.U. y el acuerdo con estas condiciones del empleo.

Signature / Firma

Date / Fecha



**Accident Reporting Instructions and Employee Notice of Workers' Compensation Network**  
**Instrucciones de la divulgación de accidente y aviso del empleado de la red de la remuneración de los trabajadores**

**IMPORTANT INFORMATION Acuerdo De la Autorización**

Your employer has chosen Workwell Texas to manage the health care and treatment you may receive if you are injured at work. Workwell Texas is a certified workers' compensation health care network approved by the state of Texas to provide care for work related injuries. This program includes a network of health care providers trained in treating work related injuries and getting people back to work safely.

Su patrón ha elegido Workwell Tejas para manejar el cuidado médico y el tratamiento que usted puede recibir si le dañan en el trabajo. Workwell Tejas es una red del cuidado médico de la remuneración de los trabajadores certificados aprobada por el estado de Tejas para proporcionar el cuidado para lesiones relacionadas trabajo. Este programa incluye una red de los abastecedores del cuidado médico entrenados en lesiones relacionadas trabajo que tratan y que consiguen a gente de nuevo a trabajo con seguridad.

**YOUR RIGHTS AND OBLIGATIONS Las sus derechas y obligaciones**

If you are injured at work, report the injury immediately to your supervisor. You must also report the injury to Focus1 Staffing by calling (361) 883-7300 prior to receiving medical treatment. Leave a message on our Emergency Mailbox after regular business hours. Failure to properly report your injury may result in denial of your claim and possible disciplinary action up to and including termination.

Si le dañan en el trabajo, divulgue lesión inmediatamente a su supervisor. Usted debe también divulgar lesión al grupo de Focus1 hora llamando nuestra caja de 24 horas de la emergencia en (361) 883-7300 antes de recibir el tratamiento médico. La falta de divulgar correctamente su lesión puede dar lugar a la negación de su demanda y a la acción disciplinaria posible hasta y a incluir la terminación.

You will be subject to a post-accident drug and alcohol screen prior to receiving treatment, which must be conducted within four hours of the injury. Failure to follow these instructions prior to seeking medical treatment for your injury may result in denial of your claim as well as disciplinary action up to and including possible termination.

Usted estará conforme a una pantalla después del accidente de la droga y del alcohol antes de recibir el tratamiento, que se debe conducir en el plazo de cuatro horas de lesión. La falta de seguir estas instrucciones antes de buscar el tratamiento médico para su lesión puede dar lugar a la negación de su demanda tan bien como la acción disciplinaria hasta e incluir la terminación posible.

You must seek treatment from a Workwell Texas approved provider. The current list of locations you may receive initial emergency care is listed on the back of this form and also available in a wallet-sized card upon request.

Usted debe buscar el tratamiento de un abastecedor aprobado de Workwell Tejas. La lista actual de localizaciones que usted puede recibir cuidado inicial de la emergencia se enumera en la parte posterior de esta forma y también disponible en una tarjeta carpeta-clasificada por requerimiento.

**ACKNOWLEDGEMENT Reconocimiento**

I have received information that tells me how to get health care under my employer's workers' compensation insurance. If I am hurt on the job and live in a service area described in this information, I understand that:

He recibido la información que me indica cómo obtener atención médica de acuerdo con el seguro de compensación para los trabajadores de mi empleador. Si me lastimo en el trabajo y vivo en un área de servicio descrita en esta información, entiendo que:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at 844-867-2338 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me.
3. Texas Mutual will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

1. Debo elegir un médico tratante perteneciente a la lista de médicos del área. O puedo preguntar a mi médico de atención primaria de mi HMO si acepta ser mi médico tratante. Si selecciono a mi médico de atención primaria de mi HMO como mi médico tratante, llamaré a Texas Mutual al (844) 867-2338, para notificarles de mi elección.
2. Debo acudir con mi médico tratante para recibir toda la atención médica para mi lesión. Si necesito un especialista, mi médico tratante me recomendará con uno.
3. La compañía aseguradora pagará al médico tratante y a los proveedores de otras redes.
4. Puede que tenga que pagar la factura si obtengo atención de alguien no perteneciente a lista de médicos de la red sin la aprobación de la red.

Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Realizar una reclamación de compensación para los trabajadores falsa o fraudulenta es un crimen que puede acarrear multas o encarcelamiento.

**This is the Initial Employee Notification**

**SIGNATURE Firma**

Signature / Firma: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Nombre en letras de imprenta: \_\_\_\_\_



### CONSENT FOR BACKGROUND CHECK AND RELEASE FORM

I hereby authorize Focus1 HR Group / Focus1 Staffing ("Focus1") and/or its agents to investigate my background for the purpose of confirming the information I have provided (or will provide) in my resume, candidate profile, employment application, as well as any other information which Focus1 deems relevant to its ability to successfully represent me to its client companies for potential job and/or contract offers, or which it deems necessary or beneficial to verify for its liability purposes. This investigation may access records and information maintained by either or both public and private organizations, and may be performed by independent agents chosen by Focus1 who specialize in such investigations. Information requested may include, but is not limited to, current and previous employment, educational and professional credentials, criminal history, motor vehicle/driving record, and personal and professional references.

I understand that failure to provide accurate and verifiable information may result in Focus1 not being able to assist me in my job search. I understand that Focus1 will not knowingly employ or refer to its clients individuals with any felony conviction involving a crime of violence, workplace or certain other crimes of theft or dishonesty, or certain misdemeanor convictions of similar nature, in accordance with its legal rights and applicable laws at the time of such decision. If certain information received through a qualifying Consumer Report is used as a basis for rejecting an application for employment or rescinding an offer of employment with Focus1, I will receive notification in accordance with applicable laws and regulations.

I affirm that I have read and understood this document, and I fully consent to the searches authorized herein, and shall indemnify and hold harmless from claim anyone either reporting or receiving such information. I hereby provide my consent to Focus1 HR Group to share and/or discuss some or all of the information resulting from such investigations with its client companies in the course of its efforts to assist me in my job search.

I hereby authorize any investigator or duly authorized representative of Focus1 bearing this release to obtain information from schools, employers, criminal justice agencies, public and private information sources, or individuals, relating to my activities. This information may include any information authorized in this document. I hereby direct you to release such information upon the request of the bearer. I understand that the information released is for official use by Focus1 Staffing and may be disclosed to such third parties as necessary in the fulfillment of its responsibilities and as authorized herein.

I hereby release Focus1, its owners, officers, employees, and its agents, as well as any other individual, including record custodians, from any and all liability and damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Last Name:		First Name:		MI:	
Current Address:			City:		ZIP:
Home Phone:		Date of Birth:		SSN #:	DL#:
<b>Provide any additional addresses during the last seven years:</b>					
Address:		City / ST		When:	
Address:		City / ST		When:	
Address:		City / ST		When:	
<b>Provide any additional names by which you have been known (maiden name, aliases, etc.) during the last seven years:</b>					
Last Name:		First Name:		MI:	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
 Give Form W-4 to your employer.  
 Your withholding is subject to review by the IRS.**

**2024**

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial	Last name	<b>(b)</b> Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	<b>(c)</b> <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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# 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)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<b>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.</b>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

**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
<b>Document Title 1</b>					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 2 (if any)</b>	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Document Title 3 (if any)</b>					
Issuing Authority	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)					
Expiration Date (if any)					

<b>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.</b>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
Employer's Business or Organization Name		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Address, City or Town, State, ZIP Code		

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