

Employment Eligibility Verification

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

All employers must complete and retain Form I-9 for every person they hire for employment in the United States. The employee must complete Section 1 no later than the first day of employment. The employer must complete Section 2 within three business days of the employee's first day of employment.

SECTION 1 — Employee Information and Attestation

To be completed by employee on or before first day of employment.

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used	
_____	_____	_____	_____	
Address (Street Number and Name)	Apt. #	City or Town	State	ZIP Code
_____	_____	_____	_____	_____
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee Email Address	Employee Telephone	
_____	_____	_____	_____	

Attestation of Citizenship/Immigration Status — Check one:

☐ A citizen of the United States	☐ A noncitizen national of the United States
☐ A lawful permanent resident (Alien Registration No./USCIS No.)	☐ An alien authorized to work until (expiration date, if applicable): _____

Employee Signature	Date (mm/dd/yyyy)
X _____	_____

SECTION 2 — Employer Review and Verification

To be completed and signed by employer within 3 business days of the employee's first day of employment.

Examine one document from List A OR examine one document from List B AND one document from List C.

LIST A Identity and Employment Authorization U.S. Passport Permanent Resident Card Employment Authorization Document Foreign Passport with I-551 stamp Passport from Freely Associated State	OR	LIST B Identity Driver's license ID card issued by federal, state, or local government School ID with photograph Voter registration card U.S. Military card	AND	LIST C Employment Authorization U.S. Social Security card Certification of Birth Abroad Certification of Report of Birth Original or certified copy of birth certificate Native American tribal document
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Document Title	Issuing Authority	Document Number	Expiration Date (if any)
_____	_____	_____	_____

First Day of Employment (mm/dd/yyyy)	Employer Business Name	Employer Title
_____	Crestwood University	HR Coordinator
Employer Signature	Date (mm/dd/yyyy)	Employer Name (Print)
X _____	_____	_____

Form I-9 — For employer information and instructions, visit I-9 Central at www.uscis.gov/I-9Central. Employers must retain completed Form I-9 for a designated period and make it available for inspection by authorized U.S. Government officials.