

Assigned To:

Company Use Only

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or non-job related disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

NOTE: Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT or type, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE RENEWED AFTER 90 DAYS.

Date: ____/____/____
Month / Day / Year

Name: _____
FIRST MIDDLE LAST

Date of Birth (month/day/year) _____ Social Security No. _____ - _____ - _____
The Federal Motor Carrier Safety Regulations require that driver applicants state their date of birth (§391.21(b)(2))

Current Address* _____
STREET CITY STATE ZIP CODE

Phone: (____) _____ Cell Phone: (____) _____ Email Address: _____
AREA CODE AREA CODE

**If at the above residence for less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.*
YOU MUST LIST A STREET ADDRESS IN ADDITION TO ANY P.O. BOX ADDRESS

STREET CITY STATE ZIP CODE

Position Applying for: _____ Casual Part Time Full Time

How did you hear about our company? _____ Who referred you? _____

Rate of pay expected? _____ Any relatives employed by this company _____
List Relative Name(s)

Have you worked for this company before? Yes No Dates: From _____ To _____ Where? _____
MONTH/YEAR MONTH/YEAR

Currently employed? Yes No If not, how long since leaving last employment? _____

What date are you available to start work? ____/____/____ Are you eligible to work in the U.S.? Yes No

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Last school attended: _____
NAME ADDRESS

GENERAL

Have you ever been convicted of a felony? Yes No If yes, please explain fully on a separate piece of paper. Conviction of a crime is not an automatic bar to employment--all circumstances will be considered.

Have you ever been known by any other name? Yes No If so, under what name? _____

DRIVING EXPERIENCE AND QUALIFICATION

Licenses

Drivers Licenses held in the past three years must be shown. (Attach separate sheet if more space is needed.) **If none, check here**

STATE	LICENSE NO.	CLASS(check one) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> _____	ENDORSEMENTS(Check those you now have) C Hazardous <input type="checkbox"/> C Tank <input type="checkbox"/> C Doubles/Triples <input type="checkbox"/> C Passenger <input type="checkbox"/> C Air Brake <input type="checkbox"/>	EXPIRATION DATE
STATE	LICENSE NO.	CLASS(check one) A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> _____	ENDORSEMENTS(Check those you now have) C Hazardous <input type="checkbox"/> C Tank <input type="checkbox"/> C Doubles/Triples <input type="checkbox"/> C Passenger <input type="checkbox"/> C Air Brake <input type="checkbox"/>	EXPIRATION DATE

-IMPORTANT: APPLICANT MUST READ AND ANSWER THE FOLLOWING QUESTIONS-

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 - B. Has any license, permit or privilege ever been suspended or revoked? Yes No
 - C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
 - D. Have you ever refused any drug or alcohol test or tested positive for same within the last three years? Yes No
- If you answered "yes" to A, B, C, explain here. If "yes" to D, list the company name, telephone # and date(s): _____
- _____
- _____

Driving Experience

<input type="checkbox"/> Straight Truck	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
CLASS OF EQUIPMENT				
<input type="checkbox"/> Tractor/Semi-Trailer	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
CLASS OF EQUIPMENT				
<input type="checkbox"/> Twin Trailer-LVC's	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
CLASS OF EQUIPMENT				
<input type="checkbox"/> Other	TYPE OF EQUIPMENT (van, tank, flat, yard, etc.)	DATES From	To	APPROXIMATE TOTAL MILES
CLASS OF EQUIPMENT				

List states operated in during last five years _____

List special courses or training that will help you as a driver (include any T-T driving schools) _____

List driving awards held and who awards were presented by? _____

Accident Review for Past 5 Years (Attach separate sheet of paper if more space is needed) **If none, check here**

Last Accident	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
Next Previous	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES

Traffic Convictions and Forfeitures for the past 3 years other than parking violations. If none, check here

LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY
LOCATION	DATE	CHARGE	PENALTY

EMPLOYMENT RECORD

List all employers (not just driving jobs) for last **ten (10) years**. Start with last or current position, including military experience, and work back. If unemployed more than 1 month, **list as separate item** as "unemployed." (Attach a separate sheet of paper if necessary) Gaps in employment must be explained

Check here if you do **NOT** wish us to contact your current employer at this time.

1. Current Employer: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

2. Company: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

3. Company: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

4. Company: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

5. Company: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

6. Company: _____ Supervisor's Name: _____

Street Address: _____ Phone: _____

City/State: _____ From _____ To _____ Salary _____

Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**

Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

7. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

8. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

9. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

10. Company: _____ Supervisor's Name: _____
Street Address: _____ Phone: _____
City/State: _____ From _____ To _____ Salary _____
Position Held: _____ Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Regulations while employed? **Yes No**
Was your job designated as a safety- sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? **Yes No**

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of the employment application. Further, that I completed this application and that all of the information I supply in this application packet is a full and complete statement of facts and contains no material omissions. It is understood that if any falsification is discovered, it will constitute grounds for rejection of application for employment or, if hired, dismissal from employment upon discovery thereof. If hired, I agree to abide by all the rules and policies of the employer.

I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks that are pertinent to the job. I also understand that if offered a job, the offer may be conditioned on the results of a physical examination and drug/alcohol tests.

In addition, I authorize, Company, to obtain the necessary hospital reports and other documents that would indicate whether there were any controlled substances in my system if I am seriously injured while on-the-job and cannot provide a specimen at the time. The authorization conforms with Section 391.113(B) of the Federal Motor Carrier Safety Regulations.

I understand that prior to any hiring decision-that I have the following rights regarding the investigative information that will be provided to employer pursuant to 49 CFR 391.23(d) and (e):

1. The right to review information provided by current/previous employers; 2. The right to have errors in the information corrected by previous employers and for that previous employer to re-send the corrected information to the prospective employer; 3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I also understand that this application is not a contract of employment. I understand that if I am employed I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated at any time for any reason. I acknowledge that no written or oral statements have been made to or relied upon by me regarding the length of employment or the reasons for which my employment can be terminated.

Date _____ Applicant Signature _____

PART I – DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed below to Company. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized Company to review involves tests required by DOT. If any carrier (company/school) listed below furnishes Company with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the **three (3) year** period and the name and phone number of any substance abuse professional who evaluated me during the past **three (3) years**.

Company	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

(Attach additional forms for additional past employers. That form must also include the individual's signature and social security number.)

Print Applicant Name: _____ Applicant Signature: _____

Social Security No: _____ Date: _____

PART - II APPLICANT WAIVER

I hereby authorize all former employers or prospective employers, listed or inadvertently omitted from my application, to release all information in accordance with 49CFR part 391.23 (10/29/2004) concerning employment, accidents and information on alcohol tests with a concentration result of 0.04 or greater, positive controlled substance test and refusals to be tested within the preceding three years, SAP rehabilitation programs, including oral assessments of my job performance, ability and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for a Safety Clearance with the above said company. I hereby release you from any and all liability of any type as a result of providing the above-mentioned information to the above-mentioned person.

I authorize that the employer or his agents may investigate and inquire into my background including personal, employment, financial, criminal or medical history and other necessary matters in connection with making an employment decision. I release employers, supervisors, health care providers, schools personal references and all other persons from any liability for providing truthful and accurate responses to any such inquiry.

Applicant's Signature _____ Witness' Signature _____

PART III – CONSUMER REPORT DISCLOSURE & RELEASE

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P. O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Oklahoma Applicants Only: I request a copy of any *credit* report requested on me. Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

THIS AUTHORIZATION DOES NOT APPLY TO DRUG AND ALCOHOL INFORMATION OBTAINED UNDER PART I.

_____ Print Applicant Name

_____ Applicant Signature

_____ Social Security Number

_____ Date

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):
	<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number; 4) expiration date, if any; and 5) the date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 05/31/05) Y

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) hearing about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529; OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (Form N-560 or N-561)
3. Certificate of Naturalization (Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card (Form I-151 or I-551)
6. Unexpired Temporary Resident Card (Form I-688)
7. Unexpired Employment Authorization Card (Form I-688A)
8. Unexpired Reentry Permit (Form I-327)
9. Unexpired Refugee Travel Document (Form I-571)
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)

LIST B

Documents that Establish Identity

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
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
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Manner Card
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

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. ID Card for use of Resident Citizen in the United States (Form I-179)
7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)