

PLEASE COMPLETE ALL AREAS
EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9)

EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by Independent Contractor).

Name: (Print or Type)	Last	First	Middle	Maiden
Name				
Address: Street Name and Number		City	State	Zip Code
Social Security Number				
Date of Birth (MM/DD/YYYY)				

I attest, under penalty, that I am (check box that applies):

- 0. 1. A citizen or national of the United States.
- 0. 2. An alien lawfully admitted for permanent residence (Alien Number A_____).
- 0. 3. An Alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____) or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty if perjuries, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature _____

Date (MM/DD/YYYYY) _____

EMPLOYER REVIEW AND VERIFICATION: (To be complete and signed by employer).

List B

Documents that Establish Identity

- 0. 1. A State- issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, DOB, height, weight, and color of eyes. (Specify State)_____).
- 0. 2. U.S. Military Card
- 0. 3. Other (Specify document and issuing authority)_____

Document Identification

Expiration Date (If any): _____

List B

Documents that Establish Identity

- 0. 1. A State- issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, DOB, height, weight, and color of eyes. (Specify State)_____).
- 0. 2. U.S. Military Card
- 0. 3. Other (Specify document and issuing authority)_____

Document Identification

Expiration Date (If any): _____

List C

Documents that Establish Identity and Employment Eligibility

- 0. 1. Original Social Security Card (other than a card stating it is not valid for employment).
- 0. 2. A birth Certificate of United States, county, or municipal authority bearing a seal or other certificate.
- 0. 3. Unexpired INS Employment Authorization Specify Form _____

Document Identification

Expiration Date (If any): _____

List C

Documents that Establish Identity and Employment Eligibility

- 0. 1. Original Social Security Card (other than a card stating it is not valid for employment).
- 0. 2. A birth Certificate of United States, county, or municipal authority bearing a seal or other certificate.
- 0. 3. Unexpired INS Employment Authorization

Specify Form _____

Document Identification

Expiration Date (If any): _____

List A

Documents that Establish Identity and Employment Eligibility

- 0. 1. United States Passport
- 0. 2. Certificate of United States Citizenship
- 0. 3. Certificate of Naturalization
- 0. 4. Unexpired foreign passport with attached Employment Authorization
- 0. 5. Alien Registration Card with photograph

Document Identification

Expiration Date (If any): _____

List A

Documents that Establish Identity and Employment Eligibility

- . 1. United States Passport
- 0. 2. Certificate of United States Citizenship
- 0. 3. Certificate of Naturalization
- 0. 4. Unexpired foreign passport with attached Employment Authorization
- 0. 5. Alien Registration Card with photograph

Document Identification

Expiration Date (If any): _____

*******DO NOT WRITE IN THIS AREA*******
 *******DO NOT WRITE IN THIS AREA*******

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature:	Name (Print or Type):		
Employer Name: D.A.K. Security Agency, Inc.	Employer Address:	City	State
	Zip Code		
	676 NW 34 Street 33127	Miami	FL