

Drivers Application for Employment

Company _____

Applicant Name _____ Date of Application _____

Address _____ Social Security No. _____

City _____ State _____ Zip _____

Position(s) Applied for _____

List your addresses of residency for the past 3 years.

Current Address _____

Street

City

Phone _____

How Long? _____

State

Zip Code

yr./mo.

Previous
Addresses

Street

City

State & Zip Code

How Long? _____

yr/mo

Street

City

State & Zip Code

How Long? _____

yr/mo

Street

City

State & Zip Code

How Long? _____

yr/mo

Do you have the legal right to work in the United States? ___ Date of Birth ___ Can you provide proof of age? ___

Have you worked for this company before? ___ Where? ___ Dates: From _____ To _____

Rate of Pay _____ Position: _____ Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____

Have you ever been convicted of a felony? _____ If yes, explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. Is there any reason you might not be unable to perform the essential job functions of the job for which you have applied [as described in the attached job description]? _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. List employers in reverse order starting with the most recent.

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			REASON FOR LEAVING	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			REASON FOR LEAVING	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			REASON FOR LEAVING	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			REASON FOR LEAVING	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	
WERE YOU SUBJECT TO THE FMCSRS† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			SALARY/WAGE	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			REASON FOR LEAVING	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME			FROM MO.	TO MO.
CITY		STATE		
		ZIP	YR.	YR.
CONTACT PERSON				
PHONE NUMBER			POSITION HELD	

WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION HELD
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?	SALARY/WAGE
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO	REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM	TO
CITY	STATE	ZIP	MO. YR.	MO. YR.
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
CITY	STATE	ZIP	MO. YR.	MO. YR.
CONTACT PERSON	PHONE NUMBER			
WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			POSITION HELD	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT?			SALARY/WAGE	
TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			REASON FOR LEAVING	

Accident Record for the past 3 Years or More (Attach Sheet if more space is needed) If None write None

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

Traffic Convictions for last 3 years (other than parking violations) If None write None.

LOCATION	DATE	CHARGE	PENALTY

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

If Yes to either give details: _____

Driving Experience

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)		APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER				

What states have you operated in for the past 5 years? _____
 Have you had any special courses or training? _____
 Do you hold any safe driving awards? _____
 Show any trucking, transportation or other experience that may help in your work: _____

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: : 1 2 3 4 College 1 2 3 4
 Name of Last School Attended _____ (City, State) _____

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.
 †The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.
 In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status

To Be Read and Signed by the Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: _____

Release and Documentation of Pre- Employment Test

As required by Sec. 40.25(j);

As the employer, you must ask the prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits the he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec.4025(b)(5) and (e)).

Print Prospective Employee Name: _____

Social Security # _____ Date: _____

The prospective employee is required by Section 40.25(j) to respond to the following questions.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed Signature: _____ Date: _____

Inquiries To Previous Employers

Dear Previous Employer,

One of your former employees has applied for employment with us. The applicant states that they were employed by your company in within the last 3 years and have operated a Commercial Motor Vehicle and/or was subject to the US DOT regulated drug and alcohol testing program. In accordance with 49 CFR 40.25 and 391.23 we are herby requesting that you supply us with the Safety Performance History of this applicant within the required response time of 30 days (US DOT Rule 391.23 (g)). Please research your employment records on the former employee listed below and answer the stated questions on this applicant and return this completed form to us. Your assistance is appreciated!

Previous Employee Name: _____, I hereby authorize
Previous Employer Company Name: _____
to release and forward the information requested below concerning my Alcohol and
Controlled Substance Testing Records within the past 3 years from the date of the
employment application _____ (date) to the Prospective Employer listed below.
Social Security No.: _____ **Date of Birth:** _____

Applicant Signature: _____

Please return to: _____
Attention: _____ by any method listed below

Mailed to Attention of: _____ on date: _____
Address: _____

Faxed to # _____ on date: _____

Emailed to _____ on date: _____

Employment Verification:

- 1) Was the applicant named above employed with you company? Yes No
- 2) If yes, employed from: _____ to _____ as _____
- 3) Did applicant operate a motor vehicle for your company? Yes No
- 4) If yes, please indicate type: Straight Truck Tractor-Semitrailer Bus Cargo Tank Doubles/Triples Other (Specify) _____
- 5) Check box if there is no safety performance history to report and return:
- 6) Reason for leaving employ: Discharged Resignation Lay Off Military

Accidents History: Please list any accidents from your Accident Register (CFR 49 390.15 (b) in the 3 years prior to the application date in the below grid

Date	Location	# Injured Person	# Fatalities	Hazmat Spills

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (§391.23(d) (2) (ii)). Please list any other accidents:

If no accident register data for this driver please check here:

Drug and Alcohol Testing:

- 1) Was applicant subject to DOT Drug and Alcohol Testing? Yes No
- 2) If yes, from _____ (date) to _____ (date).
- 3) Has applicant violated any of the drug and alcohol prohibitions under 49 CFR Subpart B or part 392 listed below: Yes No
 - ▶ An alcohol test with a result of .04 or higher alcohol concentration.
 - ▶ A controlled substance test that resulted in a positive, adulterated or substituted.
 - ▶ A refusal to submit to a random, post accident, reasonable suspicion or follow-up controlled substance or alcohol test.
 - ▶ Alcohol use while performing or within 4 hours of performing safety sensitive duties.
 - ▶ Alcohol use after in accident in violation of 49 CFR 382. 303.
 - ▶ Controlled substance use while on duty except as allowed under 49 CFR 382.213.
- 4) If this person violated a DOT drug and/or alcohol prohibition did they fail to begin or complete a rehabilitation program prescribed by a Substance Abuse Professional? Yes No N/A
- 5) If the rehabilitation program was required but you do not know if it was began or completed check here.
- 6) If applicant successfully completed a Substance Abuse Professionals prescribed rehabilitation program and remained employed did they subsequently have an alcohol test result of .04 or greater or a verified positive drug test or refusal to be tested? Yes No N/A

Any other remarks: _____

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Request For Check of Driving Record

Dear Former Employer,

A candidate for employment named _____ has made application with our company for the position of driver or dispatcher or a safety sensitive function. In accordance with Section 391.23 and 391.25 of the Federal Department of Transportation Regulations please furnish driving record for the past three years.

I hereby authorize you to release the following information to this prospective employer for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information. Furthermore, in accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act, Public Law 91-508**, as amended by the Consumer Credit Reporting Act of 1996 (title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX Section 300002(a)).

Printed Name: _____ Signature: _____

Address of Applicant: _____

Date of Birth _____ SSN _____ License # _____

Please return requested information to: _____

Via _____

Certification of Compliance with Driver License Requirements

The requirements in part 383 and 391 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 10,001 pounds or more, (including vehicles with a GVWR in excess of 26,000) can transport more than 15 people, or transports hazardous materials that require placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain requirements that drivers must comply with. The requirements are as follows:

► **Possess Only One License:** You, as a commercial vehicle driver, may possess only one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the states. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

► **Notification of License Suspension, Revocation or Cancellation:** Sections 391.15(b) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the next business day of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license, if the violation occurs in a state other than the one which issued your license. The notification to both the employer and state must be in writing.

The following license is the only one I currently and will continue to possess:

Driver's License Number: _____ State: _____

Expiration Date _____

Driver Certification:

I certify that I have read, understood and will comply with the above requirements.

Driver's Signature: _____ Date _____

Driver's Name (Printed): _____

Certification of Violations/Annual Review of Driving Record

Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only) parking of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383 need not repeat that information on this form.

Driver Section: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond of collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

Name: _____ SS# _____

DL # _____ Expiration Date: _____ Employment Date: _____

Home Terminal Address: _____

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Drivers Signature _____ Date _____

Motor Carrier Section: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Name of Motor Carrier: _____ Reviewed By: _____

Title: _____ Date: _____

Address of Motor Carrier: _____

Pre- Employment Urinalysis and Breath Analysis Consent Form

I understand that as required by the Federal Highway Administrations Regulation Title 49 Code of the Federal Regulations, Section 382.301 all driver-applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to urine sample collection and testing for controlled substances and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of .04 or higher will render me unqualified to operate a commercial motor vehicle.

The Medical Review Officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If results are positive, the controlled substance will be identified.

Alcohol test will be maintained by the employer.

The results will not be released to any other parties without my written consent or authorization.

I hereby agree with and understand the above stated information conditions and hereby agree to comply with them.

Printed Name: _____

Signed Name: _____

Date: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1515-0047
Expires 03/31/2016

▶ START HERE. 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
						Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number

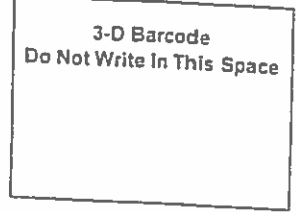
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- An alien authorized to work until (expiration date if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee	Date (mm/dd/yyyy)

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy)
-----------------------------------------------------------------------------	--	----------------	------------------------------------------------

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any)(mm/dd/yyyy)
----------------	-----------------	--------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy)	Print Name of Employer or Authorized Representative
----------------------------------------------------	-------------------	-----------------------------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	AND	
1. U.S. Passport or U.S. Passport Card	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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.