

FAST TRACK SERVICES: APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, sexual orientation, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. **PLEASE PRINT NEATLY.**

PERSONAL DATA						
First Name:		Middle Initial	Last Name			
Street Address		City		State	Zip Code	
				NJ		
Contact Number			Email Address			
Do you have a High School Diploma or GED?			Yes: _____ No: _____			
List Other Education/Certifications						
POSITION INFORMATION: (Check box below for all that you are willing to work)						
Full-Time	Part-time	Weekdays	Weekends	Morning	Afternoon	Flexible
Are you authorized to work in the U.S. on an unrestricted basis?			Yes: _____ No: _____			
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment).			Yes: _____ No: _____			
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job?			Yes: _____ No: _____			
Can you perform these essential functions of the job with or without reasonable accommodation?			Yes: _____ No: _____			

EMPLOYMENT HISTORY

Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Employer Name	Job Title	Start Date:	End Date:	Reason for Leaving:
Describe your Job Responsibilities:				
Employer Name	Job Title	Start Date:	End Date:	Reason for Leaving:
Describe your Job Responsibilities:				
Employer Name	Job Title	Start Date:	End Date:	Reason for Leaving:
Describe your Job Responsibilities:				
Please List Counties Interested in Providing Services:				
Are you willing to take more than 1 case?				

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. By signing the application, Applicant authorizes Fast Track Services, The employer, to contact any previous/current employers listed in this application to verify employment history and work quality.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature Date

FAST TRACK SERVICES, LLC

Professional Reference Form

To Whom It May Concern,

_____ has applied with our company for the position of a Direct Support Professional. The applicant has provided your name as a character reference. We would appreciate if you took a minute out of your time to complete the written evaluation below. Please be assured that your response will be treated in a confidential manner. Thank you.

Name: _____ Phone: _____

Email: _____

What is your relationship to applicant? _____

How long have you known applicant? _____

How would you describe this person's character?

Please indicate the level of the applicant's abilities:

Category	Poor	Fair	Good	Excellent
Knowledge/Skill Set				
Interpersonal Skills				
Punctuality				
Dependability				
Documentation Skills				
Organizational skills				

I, the undersigned, authorize and consent Fast Track Services Agency or any Agent acting on its behalf, to make inquiries, collect and use personal information.

Acknowledgement:

Signature of Applicant: _____ Date: _____

Completed By Phone : (Agency Staff Member) H. Rahi

FAST TRACK SERVICES, LLC

Personal Reference Form

To Whom It May Concern,

_____ has applied with our company for the position of a Direct Support Professional. The applicant has provided your name as a character reference. We would appreciate if you took a minute out of your time to complete the written evaluation below. Please be assured that your response will be treated in a confidential manner. Thank you.

Name: _____ Phone: _____

Email: _____

What is your relationship to applicant? _____

How long have you known applicant? _____

How would you describe this person's character?

Please indicate the level of the applicant's abilities:

Category	Poor	Fair	Good	Excellent
Knowledge/Skill Set				
Interpersonal Skills				
Punctuality				
Dependability				
Documentation Skills				
Organizational skills				

I, the undersigned, authorize and consent Fast Track Services Agency or any Agent acting on its behalf, to make inquiries, collect and use personal information.

Acknowledgement:

Signature of Applicant: _____ Date: _____

Completed By Phone : (Agency Staff Member) H. Rahi

FAST TRACK SERVICES, LLC

Job Description for Direct Support Professionals (DSP)

Minimum Requirements:

- 18 years of age or older, with a High School degree or equivalent
- State/Federal Criminal Background clearance.
- Central Registry Clearance and CARI Clearance.
- A driver's license, if driving is required. A Driving abstract must have less than 5 points.
- Clean result from drug testing upon hire and employee consents to random drug sampling thereafter.
- Successfully complete all Divisions of mandated training and agency internal training.
- CPR and First Aid Certified.

Job Description:

The Direct Support Professional (DSP) shall provide direct support and assistance for participants, with or without the caregiver present, in or out of the participant's residence, to achieve and/or maintain the outcomes of increased independence, productivity, enhanced family functioning, and inclusion in the community, as outlined in his/her Service Plan.

Community-Based Supports are delivered one-on-one with a participant and may include but are not limited to: assistance with community-based activities and assistance to, as well as training and supervision of, individuals as they learn and perform the various tasks that are included in basic self-care, social skills, and activities of daily living.

Activities/Functions of a Direct Support Professional (DSP)

Some examples of Community Based Supports Activities a DSP may be required to perform include, but are not limited to the following:

- Support from staff to enable an individual to attend an event, take a class, etc.
- Support from staff to assist an individual participating in activities such as: assistance in completing activities of daily living, ordering off a menu, purchasing items, learning basic cooking, laundry skills, etiquette, travel training, accessing activities in the community, etc.
- One-on-one tutoring in an area identified by the family and the Support Coordination Agency.
- Support on a job site to assist in basic-self care, social skills, and activities of daily living.
- Provide transportation within a radius determined by Director of agency to safely escort consumer to and from location.

Name of Employee:

Date:

Signature of Employee:

Date:

Witness Signature:

H. Rahi

Date:



The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Registry

N.J.A.C. 10:44D

State of New Jersey Department of Human Services Office of Program Integrity and Accountability
PO Box 700 Trenton, NJ 08625

Please Complete the Following Information:

Employee/Volunteer Last Name: First Name:

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: Last Four (4) Digits of Social Security Number:

Agency/Facility Name:

In accordance with N.J.S.A. 30:6D-73 et seq., I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under N.J.S.A. 30:6D-73 et seq., in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) Signature Date

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: Hicham Rahi Date: Listed on Registry Yes No

This document should be maintained in the employee's personnel file. Do not return to DHS.

APPENDIX A
COMMUNITY AGENCY HEAD AND EMPLOYEE CERTIFICATION,
PERMISSION FOR BACKGROUND CHECK AND RELEASE OF
INFORMATION

I hereby authorize the Department of Human Services to conduct a criminal history background check and I agree to be fingerprinted in order to complete the state and federal background check process. I further authorize the release of all information regarding the results of my background check to the Department of Human Services. Check one of the options listed below.

Option 1 I hereby certify under penalties of perjury, that I have not been convicted of any of the offenses listed below and no such record exists in the State Bureau of Identification in the Division of State Police or in the Federal Bureau of Investigation, Identification Division.

Option 2 I hereby affirm that I have been convicted of the following offense listed below _____
on _____.

(date)

If I have checked Option 2 or the criminal history background check reveals any conviction(s) for the offenses listed below, I understand that I may be subject to termination from employment.

FOR PROVISIONAL EMPLOYEES ONLY: As a provisional employee, I further understand that I may be employed by the agency for a period not to exceed six (6) months during which time a background check will be completed. I understand that I will work under the supervision of a superior where possible.

Offenses covered under P.L. 1999, C. 358:

In New Jersey, any crime or disorderly person offense:
-involving danger to the person as set forth in N.J.S.A. 2C:11-1 et seq. through 2C:15-1 et seq. including the following:

- i. Murder
- ii. Manslaughter
- iii. Death by auto
- iv. Simple assault
- v. Aggravated assault
- vi. Recklessly endangering another person
- vii. Terroristic threats
- viii. Kidnapping
- ix. Interference with custody of children
- x. Sexual assault
- xi. Criminal sexual contact
- xii. Lewdness
- xiii. Robbery

-against the children or incompetents as set forth in N.J.S.A. 2C:24-1 et seq. including the following:

- i. Endangering the welfare of a child
- ii. Endangering the welfare of an incompetent person

-a crime or offense involving the manufacture, transportation, sale, possession or habitual use of a controlled dangerous substance as defined in N.J.S.A. 2C:24-1 et seq.

-in any other state or jurisdiction, conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above.

FOR COMMUNITY AGENCY HEAD: I understand the results of this background check will be reported to the President of the Board of my agency.

PLEASE LIST THE NAME AND HOME OR BUSINESS ADDRESS OF THE BOARD PRESIDENT.

Hicham Rahi
473 Broadway, Suite 302
Bayonne, NJ 07002

Employee Name (please print) Employee Signature Date

Hicham Rahi
Witnessed by (please print)

H. Rahi
Witness Signature Date

FAST TRACK SERVICES

MEDICATION WAIVER FORM

FAST TRACK SERVICES shall not to take on cases, where medication would be required to be administered during the Direct Support Professionals shift. Fast Track Services would be able to service the individual, if there is another delegated person or family available to administer the medication during the shift of the Direct Support Professional.

By signing below, you acknowledge and understand that it is against the policy of the agency to administer medications of any kind. By signing below, you attest to the following:

1. The individual is not scheduled to take medication during the DSP's working hours.

OR

2. If the individual for whom services are being provided, is scheduled to take medication during the DSP shift, the individual is either competent to self-administer or a family member/ guardian will be available to administer the medication.
3. If the above two scenarios are not applicable, you will, as the assigned DSP to the case, notify the agency immediately.

Name: _____ Date: _____

Signature: _____

WITNESS:

Name: _____ Date: _____

Signature: _____

FAST TRACK SERVICES
INTERNAL AGENCY TRAINING RECORD

Name of Employee:

Job Title: Direct Support Professional (DSP)

Courses	Employee Initials	Date Completed	Completed By:
Prevention of Abuse, Neglect & Exploitation Practicum in Person Competency (performed after CDS training is completed)			
Understanding Service Plans & individualizing services			
<u>Agency Orientation:</u> <ul style="list-style-type: none"> ● Overview of Agency ● Mission, Philosophy, Goals, and Practices ● Service Description ● Incident Reporting ● Personnel Policies, Dress Code ● Code of Conduct ● Completion of Activity Logs ● Understanding service plans, strategies, and outcomes. 			
<u>Specialized Training:</u> <ul style="list-style-type: none"> ● Special diets/mealtime needs ● Chopped/purees/thickeners ● Proper feeding techniques ● Mobility Procedures & Devices ● Seizure Management & Support ● Assistance, Care & Support for physical or medical conditions, mental health, and/or behavioral needs. ● Understanding individual triggers and techniques to de-escalate behaviors. 			
<u>MISCELLANEOUS</u> <ul style="list-style-type: none"> ● Payroll dates/Deadlines for submission of timesheets ● Reporting to Agency ● On-call procedures ● Calling out procedures, time off requests 			



Preventing Abuse, Neglect, & Exploitation Agency Competency Assessment
Completion Verification Form
Effective February 1, 2016

Instructions: Use this document to verify that discussion took place and the staff person demonstrated understanding for each of the items. Use the accompanying supervisor question and answer guide to facilitate the discussion, determine understanding, and reinforce each of the concepts described in the answer key. This completed and signed document must be maintained by the agency for proof of completion.

Table with 2 columns: Competency Assessment Questions, Check upon demonstration of competency. Rows include questions about abuse, neglect, and exploitation, and case studies.

- Checkboxes for employee performance: 'The employee did not demonstrate understanding...' (unchecked) and 'The employee demonstrated understanding...' (checked).

Supervisor/Authorized Agency Personnel:

Hicham Rahi

[Handwritten Signature]

(Print Full Name)

(Signature)

(Date)

Employee:

(Print Full Name)

(Signature)

(Date)

By signing this I attest that I was trained on the above topics and agree to abide by agency policy. I am aware that if there are any questions or concerns regarding abuse, neglect, and exploitation policies or practices I should contact my supervisor or authorized agency personnel.

FAST TRACK SERVICES

PAYROLL DATES 2020

Time Sheet Submission: Due by EVERY Sunday

DATE OF SERVICE	PAYROLL END DATE	PAY DATE
12-16-19	12-29-19	1-3-20
12-30-19	1-12-20	1-17-20
1-13-20	1-26-20	1-31-20
1-27-20	2-09-20	2-14-20
2-10-20	2-23-20	2-28-20
2-24-20	3-08-20	3-13-20
3-09-20	3-22-20	3-27-20
3-23-20	4-05-20	4-10-20
4-06-20	4-19-20	4-24-20
4-20-20	5-03-20	5-8-20
5-04-20	5-17-20	5-22-20
5-18-20	5-31-20	6-05-20
6-01-20	6-14-20	6-19-20
6-15-20	6-28-20	7-03-20
6-29-20	7-12-20	7-17-20
7-13-20	7-26-20	7-31-20
7-27-20	8-09-20	8-14-20
8-10-20	8-23-20	8-28-20
8-24-20	9-06-20	9-11-20
9-07-20	9-20-20	9-25-20
9-21-20	10-04-20	10-09-20
10-05-20	10-18-20	10-23-20
10-19-20	11-01-20	11-06-20
11-02-20	11-15-20	11-20-20
11-16-20	11-29-20	12-04-20
11-30-20	12-13-20	12-18-20
12-14-20	12-27-20	1-02-20

(1) Originating Agency Number (ORI #) NJPRR0000		(2) Category PRX		(3) Statute Number 13:59-1	
(4) Reason for Fingerprinting PERSONAL RECORD REQUEST			(5) Document Type S1		(6) Payment Information \$40.66
(7) Contributor's Case # (Unique Identifier) PRR			(8) Miscellaneous FORM "A"		
(9) First Name		(10) Middle Name		(11) Last Name	
(12) Daytime Phone Number () -		(13) Social Security Number (Optional)		(14) Date of Birth	(15) Height
(16) Weight		(17) Maiden or Alias Last Name		(18) County, City of BIRTH	
(19) Country of Citizenship					
(20) Home Address					
Address		City		State NJ	Zip
(21) Gender (Select one) [] Female [] Male [] Both		(22) Hair Color		(23) Eye Color	
(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown					
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
<p>Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u>. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).</p>					

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** that you **present** this completed Universal Fingerprint Form, IDG_NJAPP_020115_V2, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover, and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Cancel/ Reschedule:

Appointments may be canceled or rescheduled via the website or the call center **before the deadline of 5PM EST** the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_020115_V2, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 plus tax (\$10.66) appointment fee. MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information:		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

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.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (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, when to use the online estimator, and privacy.

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 for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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.)

Step 3: Claim Dependents	If your 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 and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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 4(a) \$ _____		
	(b) Deductions. 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 4(b) \$ _____		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____		

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

Employers Only	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 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**

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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.