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## I-9 Verification

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 (select one of the following):

[Read I-9 Instructions](#)

Work Eligibility\*

An alien authorized to work

Expiration Date

\_\_/\_\_/\_\_\_\_

Aliens authorized to work **must provide one of the following** documents:

Alien Registration Number/USCIS Number

Number Type

Select One

OR

Form I-94 Admission Number

OR

Foreign Passport Number

123456789

Country of Issuance

Aland Islands

### Hide the Following:

The following fields are optional on the I-9 form. Please select the fields you wish to exclude.

Email Address

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Select One

OR

Form I-94 Admission Number

OR

Foreign Passport Number

123456789

Country of Issuance

Aland Islands

### Hide the Following:

The following fields are optional on the I-9 form. Please select the fields you wish to exclude.

- Email Address
- Phone Number

### Preparer and/or Translator Certification (select one):\*

- I am completing this form without a preparer or translator.
- A preparer(s) and/or translator(s) is assisting me in completing this I-9 form.

*If you select this option, you will need to complete I-9 form manually.*

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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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)		
Test		Onboarding		N/A	N/A		
Address (Street Number and Name)			Apt. Number	City or Town		State	ZIP Code
717 Coliseum Drive			N/A	Winston Salem		NC	27106
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address			Employee's Telephone Number	
01/01/2000	9999 - 99 - 9999		enf@outfitters4.com			N/A	

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):



By signing this form, you attest under penalty of perjury (28 U.S.C. §1746) that the information you provided; the citizenship or immigration status you selected; and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly or willfully making false statements or using false documentation when completing this form.

Last 4 digits of SSN\*

9999

Electronic Signature\*

Onboarding Test

Sign & Continue