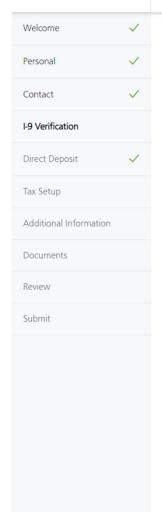


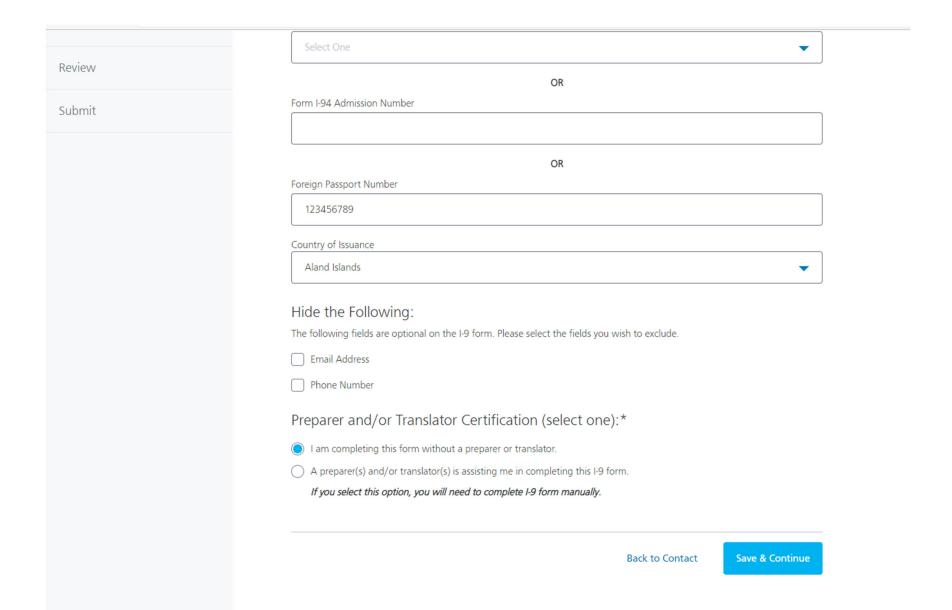
## WELCOME, **Onboarding Test**

Email Address



## 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 rilla 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.





I-9 Verification

## Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

Download as PDF

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.

<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.)											
Last Name (Family Name)			me (Giv	)	Middle Initial	Other	Other Last Names Used (if any)				
Test			ardin	g		N/A	N/A	I/A			
Address (Street Number and Name) Apt. N				umber City or Town				State	ZIP Code		
717 Coliseum Drive			N/A Winsto		Winston	Salem		NC	NC 27106		
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number			Employee's E-mail Address			1	Employee's Telephone Number			
01/01/2000	999-9	9 - 9 9	99	enf@	outfitters	4.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
rou 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
naking false statements or using false documentation when completing this form.

Last 4 digits of SSIV		Electronic Signature	
	9999	Onboarding Test	Sign & Continue