



Driver's License from the Commonwealth of Virginia

*** REC HCC70EE0 AZPJ CIPQYA3 PQA3 (F-AZP) ***
NUMI DTE:04/08/13 SSN: XC: UNIT:MSC PG:001

SOCIAL SECURITY ADMINISTRATION
SOCIAL SECURITY NUMBER PRINTOUT

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER
IS ASSIGNED TO

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL
WHO YOU SHARE YOUR NUMBER WITH.



1 - 17 Must be completed by the Employee

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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.)

Form fields for employee information: Last Name (Family Name) 1: MAURY; First Name (Given Name) 2: JUSTIN; Middle Initial 3: W; Other Last Names Used (if any) 4: N/A; Address (Street Number and Name) 5: 134 MAIN STREET; Apt. Number 6: N/A; City or Town 7: ANY TOWN; State 8: CA; ZIP Code 9: 95134; Date of Birth (mm/dd/yyyy) 10: 07/04/1967; U.S. Social Security Number 11: 123-45-6789; Employee's E-mail Address 12: email@mail.com; Employee's Telephone Number 13: 999-912-1234

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):

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Attestation options: 1. A citizen of the United States (checked); 2. A noncitizen national of the United States; 3. A lawful permanent resident; 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes QR Code - Section 1 Do Not Write In This Space.

Signature of Employee 15: [Handwritten Signature]; Today's Date (mm/dd/yyyy) 16: 11/19/2016

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Preparer and/or Translator Certification (check one): [X] 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 (mm/dd/yyyy); Last Name (Family Name); First Name (Given Name); Address (Street Number and Name); City or Town; State; ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1
Last Name (Family Name) MAURY
First Name (Given Name) JUSTIN
M.I. W
Citizenship/Immigration Status A citizen of the United States

List A Identity and Employment Authorization OR List B Identity AND List C Employment Authorization
Document Title, Issuing Authority, Document Number, Expiration Date
Driver's License, Virginia, T16700185, 07/15/2018
Social Security Card Receipt, Social Security Administration, 123456789, 90 days from employment start date

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): 11/18/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative, Today's Date, Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative, First Name of Employer or Authorized Representative, Employer's Business or Organization Name
Contreras, Sergio, CISCO SYSTEMS
Employer's Business or Organization Address (Street Number and Name), City or Town, State, ZIP Code
170 W. TASMAN DRIVE (Corp. Headquarters), SAN JOSE, CA, 95134

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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, Today's Date (mm/dd/yyyy), Name of Employer or Authorized Representative