



STAFFING SOLUTIONS

Application for Employment

Type or print clearly. This form should be completed carefully and fully. It is essential that we have complete information regarding your training and experience. Please complete all sections even if you have already provided us with your resume. Your present employer will not be contacted for a reference without your consent. Reasonable accommodations will be made for applicants when requested

- You may be required to provide proof of appropriate health status (if applicable based on position).
- You may be required to provide drug and/or criminal background screening (where required by policy, law, or client contract).

Applicant Information											
Full Name:							Date: / /				
Last			First			M.I.					
Address :											
Street Address						Apartment/Unit #					
City					State		ZIP Code				
Home Phone: () -			Mobile Phone: () -			Email:					
Social Security Number: - -				Are you legally authorized to work in the USA?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Position Applied For:				Pay Desired: \$		Date Available: / /					
How where you referred to Medix Staffing					If other please describe:						
Education											
High School:			Address:								
From:	/ /	To:	/ /	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
College:			Address:								
From:	/ /	To:	/ /	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:			Address:								
From:	/ /	To:	/ /	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:			Address:								
From:	/ /	To:	/ /	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Skills & Availability											
PLEASE CHECK THE SPECIALTY AREA(S) THAT BEST MATCH YOUR EDUCATION, EXPERIENCE, AND INTEREST:											
<input type="checkbox"/> Clerical Office	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Receptionist								
<input type="checkbox"/> Administration	<input type="checkbox"/> Collector	<input type="checkbox"/> Biller	<input type="checkbox"/> Payment Representative								
<input type="checkbox"/> Claims	<input type="checkbox"/> Inbound Call Center	<input type="checkbox"/> Technicians	<input type="checkbox"/> Outbound Call Center								
<input type="checkbox"/> Other											
PLEASE CHECK THE SHIFT(S) AND DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK:											
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> 4A.M. - 12P.M.	<input type="checkbox"/> 5A.M. - 1P.M.	<input type="checkbox"/> MON		<input type="checkbox"/> FRI						
<input type="checkbox"/> PART TIME	<input type="checkbox"/> 6A.M. - 2P.M.	<input type="checkbox"/> 7A.M. - 3P.M.	<input type="checkbox"/> TUES		<input type="checkbox"/> SAT						
	<input type="checkbox"/> 8A.M. - 4P.M.	<input type="checkbox"/> 9A.M. - 5P.M.	<input type="checkbox"/> WED		<input type="checkbox"/> SUN						
	<input type="checkbox"/> 10A.M. - 6P.M.	<input type="checkbox"/> OTHER:	<input type="checkbox"/> THUR								
Maximum Number of Miles Willing to Commute:					Please Initial:						

Employment History

Please list all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment and what you were doing during that time. Include military experience, summer, part-time jobs, and any verifiable work performed on a voluntary basis. (Attach additional sheets if necessary)

Company 1:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 2:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 3:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 4:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

Please list three professional reference, preferably those who were in a supervisory role:

Full Name 1:		Company:	
Title:		Phone: () -	
Full Name 2:		Company:	
Title:		Phone: () -	
Full Name 3:		Company:	
Title:		Phone: () -	
Full Name 4:		Company:	
Title:		Phone: () -	

Emergency Contacts

Primary Contact:		Relationship to Employee		Home Phone: () -	
Address:		Work Phone: () -		Cell Phone: () -	
Secondary Contact:		Relationship to Employee		Home Phone: () -	
Address:		Work Phone: () -		Cell Phone: () -	

General Information

Have you ever been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes please explain below:
Have you ever been convicted of a felony crime?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes please explain below:
Are you bound by a non-competition agreement of your current or previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Medix Staffing Solutions, Inc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes list locations and dates below:
Are any of your relatives employed by Medix Staffing Solutions, Inc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes list locations and dates below:

*(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time which has expired since its occurrence and any rehabilitation you have undergone. Relevant circumstances will be considered)

APPLICANT ACKNOWLEDGEMENT

I certify that the information in this application is accurate, current, and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

I authorize Medix Staffing Solutions, Inc. to conduct investigations in which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources, or other third parties regarding my employment history, credentials, character, and credit background and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Medix Staffing Solutions to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for local, state, federal, contractual or accreditation audit purposes. I also authorize Medix Staffing Solutions to disclose any of my performance appraisals, disciplinary records, or skills tests for the same purposes as above. I release Medix Staffing Solutions and any individual entity providing information to Medix Staffing Solutions from all liability for any damages from the disclosure of this information.

I also understand and agree that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- I may be subject to pre-employment drug testing or a drug test where reasonable suspicion exists, or where warranted by circumstances, workplace conditions, or contractual requirements.
- I understand and agree that I will not be considered an employee of or have any type of employee/employer relationship with Medix Staffing Solutions until such time as my interview, references, criminal background checks, I-9, tax forms, and other pre-employment requirements are completed, and I am actually placed with a Medix client.
- Medix Staffing Solutions is under no obligation to hire me or find placement on my behalf with one of its clients.

I understand and agree that nothing contained in this employment application (including tax forms) or in granting of an interview creates an employment contract between Medix Staffing Solutions and myself. Nor does this create employment or provide any benefit of any sort. No promises regarding employment have been made to me. I acknowledge that the purpose of filling out all forms (including tax forms) at this pre-hire stage is solely for administration purposes and it will not be used for a hiring decision for employment. If an employment relationship is established, I understand that my employment will be terminable 'at will' and Medix Staffing Solutions retains the right to terminate my employment at any time. I will also have the right to terminate my employment at any time with written notice of at least 1 week.

I understand and agree that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify Medix Staffing Solutions of such change immediately.

I understand that should I become employed by Medix Staffing Solutions, my work assignments, schedules and/or work locations, are subject to change according to the needs of the business and the clients of Medix Staffing Solutions.

Applicant Signature:		Date: / /
Interviewed by: 1 Name:		Date: / /
Interviewed by: 2 Name:		Date: / /



Authorization for Background Investigation

To Whom it May Concern:

I, _____ hereby authorize Medix Staffing solutions and/or it's agents to make an independent investigation of my background and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment with a Medix Staffing Solutions client, including consumer report information that may include motor vehicle records.

The scope of this report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign.

The following personal information is true and correct to the best of my knowledge:

Print Name: _____

Print Maiden Name or Other Names Used: _____

Date of Birth (for identification purposes only) _____

Social Security Number (for identification purposes only) _____

Present Address: _____

List All Previous Addresses within past 7 years: _____

Medix Staffing Solutions will need to contact you if additional information is needed to process your background investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: _(___) _____

Cell: _(___) _____

Signature: _____

Date: _____



Drug-Free Workplace Policy and Consent for Substance Testing

Medix Staffing Solutions, Inc. ("Medix") and its employees are responsible for maintaining a safe, healthful and productive working environment and for protecting Medix property, equipment and operations. Because the misuse or abuse of alcohol or drugs poses a serious threat to Medix, its employees and its clients, Medix has established this Drug-Free Workplace Policy and Consent for Substance Testing (the "Policy") with regard to the possession, use, distribution and sale of drugs or alcohol. In addition to Medix policy, it is presently the law under the federal Drug-Free Workplace Act that any government contractor be required to develop and implement certain policies and programs. Thus, in order to implement both Medix policy and to be in full compliance with federal law, all Medix employees, wherever situated, are hereby on notice that all Medix employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while at Medix or a client site or otherwise on Medix paid time. Any exceptions to this policy (i.e. consumption of alcoholic beverages during certain Medix-sponsored events) must be approved in advance. Violation of this policy can result in disciplinary action, up to and including termination of employment.

All employees are also hereby made aware of the following:

- There are substantial dangers caused by drug and alcohol use and abuse in the workplace.
- It is Medix policy to maintain a workplace free of illegally used drugs and abuse of alcohol.
- Your supervisors are prepared to advise you about available counseling and rehabilitation programs.
- Violation of this Policy will result in disciplinary action up to and including termination of employment.
- Medix may, at its sole discretion, require an employee to participate in an appropriate counseling and rehabilitation program as the result of substance abuse violations. Refusal to participate in such programs and to periodically submit to testing during the course of treatment, for a reasonable period of time, will be grounds for termination.
- If you are taking a legally prescribed or over-the-counter drug that might impair your mental or motor functions or cause a safety risk, you must notify your supervisor prior to reporting to work under such medication and/or prior to taking such medications after the start of work. A doctor's note may also be required.
- All employees must notify their immediate supervisor of any criminal drug statute conviction for a violation within five days of such conviction.
- In the event any employee is performing services pursuant to a government contract, then in such event, the government contracting officer shall within ten days of Medix' receipt of a Notice of Conviction be informed at the same time.
- Within thirty days after receipt of a Notice of a Criminal Drug Conviction, appropriate personnel action up to and including termination shall be taken or the employee will be required to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health law enforcement or other appropriate agency.

Medix requires an employee to submit to drug and/or alcohol screening under the following circumstances:

- Medix will comply with the reasonable contractual requirements of alcohol and/or drug testing policies of clients.
- Employees will be subject to post accident testing if involved in an on-the-job accident, near-miss accident, or an incident where injury or property damage did occur or might have occurred.
- Employees will be subject to reasonable suspicion testing when Medix or its client has reason to believe that drug or alcohol problem exists or a violation of the policy has occurred.
- Pre-employment drug screening may be required in certain segments of Medix operations.
- Employees may be required to submit to drug testing when required by state or federal law, regulation or contractual obligation not otherwise anticipated by the provision of this Policy.

I have received, read and understand this copy of the Drug-Free Workplace Policy and Consent for Substance Testing, and have had an opportunity to discuss the policy with Medix personnel. I understand and agree to submit to a urine, and/or blood, specimen test under the circumstances and conditions as outlined in the Policy. I hereby hold harmless all parties concerned and involved in the process of administering such drug tests and communicating test results. I will not sue Medix or the parties involved for any action taken as a result of said drug test results, including preventing my continued employment with Medix or prohibiting me from securing another job with Medix or with any other company or party. I understand that as a condition of my employment with Medix, Medix may be required to provide documentation regarding drug testing results to client companies. I release Medix from any liability related to the provision of such documentation to client companies. I acknowledge that I must be drug and alcohol free as a condition of employment with Medix.

SIGNATURE

DATE

NAME (PRINT)

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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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.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

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 <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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