



## Employment Application Form



Days and Hours Available For Work: \_\_\_\_\_

Hours Desired Per Week \_\_\_\_\_ Date Available to Begin \_\_\_\_\_

Are you currently authorized for employment in the U.S. without any restrictions to the length of employment period?  
(Answer "no" if you are in a non-immigrant status such as H,L,E,TN,B, or F)

Yes  No

Have you ever received a conditional job offer from eQuotz<sup>®</sup>, or one of its affiliates, that was subsequently withdrawn?

Yes  No

Have you ever been employed by eQuotz<sup>®</sup>?

Yes  No

If so, where?

\_\_\_\_\_

Do you currently have any relatives employed by or one of its affiliates?

Yes  No

If so, where?

\_\_\_\_\_

## Education History

Beginning with High School, list each school attended.

Name Of School	Location	Date Attended	Major Course Study	Degree	Degree Completed Yes or No?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Employment History

List all previous employers for at least ten years. If necessary, use an additional sheet of paper.  
Please complete all spaces.

Start with present or most recent job

Employer _____	City/State _____	Telephone # _____	Start Date _____	End Date _____
Manager Name _____	Job Title _____	Starting Pay Rate \$ _____	Ending Pay Rate \$ _____	Pay Frequency Hourly \$ _____ Annual \$ _____
Reason For Leaving: _____ _____		Job Duties: _____ _____		

Employer _____	City/State _____	Telephone # _____	Start Date _____	End Date _____
Manager Name _____	Job Title _____	Starting Pay Rate \$ _____	Ending Pay Rate \$ _____	Pay Frequency Hourly \$ _____ Annual \$ _____
Reason For Leaving: _____ _____		Job Duties: _____ _____		

Employer _____	City/State _____	Telephone # _____	Start Date _____	End Date _____
Manager Name _____	Job Title _____	Starting Pay Rate \$ _____	Ending Pay Rate \$ _____	Pay Frequency Hourly \$ _____ Annual \$ _____
Reason For Leaving: _____ _____		Job Duties: _____ _____		

Employer _____	City/State _____	Telephone # _____	Start Date _____	End Date _____
Manager Name _____	Job Title _____	Starting Pay Rate \$ _____	Ending Pay Rate \$ _____	Pay Frequency Hourly \$ _____ Annual \$ _____
Reason For Leaving: _____ _____		Job Duties: _____ _____		

If currently employed, why are you seeking to change jobs ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If currently employed, may we contact your present employer?

Yes  No

Please describe any additional training or financial service experience that qualifies you for this position.  
(For example: job-related licenses and certifications, software programs, typing speed, keystrokes per minute)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged, suspended, terminated or allowed to resign prior to termination?

Yes  No

If yes, state full reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you **under** 18 years of age?  Yes  No

In order to comply with federal law, eQuotz® is legally required to know if you have been convicted, entered pretrial diversion, or have charges pending against you for certain types of crimes or civil offenses. A "yes" answer to either of the questions below will not automatically disqualify you from employment, but will require further review. A dishonest answer or an omission will result in a refusal to hire or, if hired, immediate dismissal. Please include all occurrences regardless of how long ago the offense may have occurred.

Have you ever been convicted of any crime, criminal or civil, or entered into any pretrial diversion program?

Yes  No

Note: Answer "yes" if you have had a DWI/DUI or similar conviction or if you have had charges dismissed after satisfying conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, etc.

Are charges currently pending against you for any crime or civil offense?  Yes  No

If you have answered "yes" to either of the two questions above, explain the nature and location of the offense, date and disposition of the case. You should also provide any documentation relative to the offense. If you are uncertain as to whether the violation should be included, please list it. You should list violations even if you have been told that the violation would not appear on your record.

Violation Date	County	City	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In conjunction with my application for employment and any resulting employment with eQuotz®, I understand that investigative inquiries may be made on myself and that this investigation may include what are considered consumer reports and/or investigative consumer reports, which may include information as to my prior employment, character, reputation, and any criminal record. I also understand that investigative consumer reports may involve personal interviews with prior employers, co-workers, and references.

I also understand that further information on the nature and scope of such an investigation, if one is made, will be provided upon written request, as well as a written summary of my rights under the Fair Credit Reporting Act.

I hereby authorize eQuotz® to conduct an investigation and authorize all consumer reporting agencies, bureaus, employers, information service organizations, government entities, and individuals to provide any knowledge or information they have, including but not limited to consumer reports and investigative consumer reports, concerning me which may be needed to determine my qualifications for employment and for other employment purposes.

I also release any individual, partnership or corporation, which formerly employed me, and its officers, agent and employees for any liability for any damage whatsoever for issuing such information.

I acknowledge receipt of this disclosure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please read the following statements, and sign where indicated to signify your understanding.**

**If you need clarification on any statement, please ask before signing.**

### **Drug & Alcohol Policy**

eQuotz® recognizes that alcohol and drug abuse adversely affects job performance and safety in the workplace. We believe that a productive and safe work environment is in the best interest of our employees, our customers and our shareholders. Therefore, eQuotz® prohibits or restricts the use of alcohol, narcotics, depressants, stimulants, hallucinogens, and marijuana, as well as the use of prescription drugs when resulting behavior or appearance adversely affects work performance. This policy applies to all applicants for employment and to all employees, including contractor employees of temporary employment agencies. The policy is applicable at all company facilities or wherever company employees are performing company business.

Drug testing will be conducted for external applicants who are offered employment or, where permitted by state law, for new employees who are selected for testing. Drug and alcohol testing for existing employees will be limited to situations where there is reasonable suspicion, as determined by eQuotz®, or where the employee has been referred by eQuotz® for chemical dependency treatment or evaluation or is participating in a chemical dependency treatment program under an employee benefit plan. Reasonable suspicion may include situations where an employee's work performance may be adversely affected or there is a reason to believe there is a violation of this policy. All applicable federal and state laws governing testing will be followed throughout the process eQuotz® will use only certified laboratories to conduct the test. Test results will be kept confidential and used only for business purposes.

Employees and/or job applicants may refuse to submit to a drug and/or alcohol test; however, refusal may result in a conditional job offer being rescinded or disciplinary action up to and including termination. Individuals tested may explain a positive test result on a confirmatory test or request and pay for an additional confirmatory test using the same specimen. Positive test results may result in a conditional job offer to an external applicant being rescinded and an employee being referred to a rehabilitation program and/or being subjected to disciplinary action, up to and including termination.

Individuals tested may receive copies of their test results upon written request to Human Resources.

### **Fingerprinting and Bonding**

I understand that as a condition of employment, I may be fingerprinted at the time of hire. This is done in order to comply with Section 19 of the Federal Deposit Insurance Act, which precludes the employment of any person convicted of certain criminal offenses without the written consent of the Federal Deposit Insurance Corporation. If at any time during my employment, eQuotz® is unable to obtain bonding for me under its standard blanket bond, I understand my employment with eQuotz® may be terminated.

### **Proof of Eligibility for Work**

I understand that if I am hired, I must be able to prove my identity and my eligibility to work in the United States using forms of documentation deemed acceptable by the Immigration and Naturalization Service. I acknowledge that failure to do so may constitute grounds for termination.

### **Work Permit**

If state law requires me to furnish a work permit because I am under the age of 18, I will do so no later than my first day of employment.

### **Employment of Relatives**

Because of the potential for conflicts of interest, the appearance of favoritism and other issues, eQuotz® reserves the right to prohibit or restrict the employment of relatives.

### **Employment At-Will**

I understand that nothing in this application is intended to imply or create a contract for employment. I further understand that, if hired, my employment will be at-will and may be terminated by me or by eQuotz® at any time, with or without notice, for any reason, and that the terms of my employment, compensation

or benefits may be changed at any time, without advance notice or my consent. I also understand that while personnel policies and procedures may necessarily change from time to time, no representative of eQuotz® has the authority to enter into any agreement with me for any specified period of time or to guarantee some other benefit, unless approved by the Director of Human Resources or his or her designee.

***I certify that***

- all statements I have made on this application are true and complete;
- I have withheld nothing that would, if disclosed, affect this application unfavorably.

***I understand that***

- any omission or misrepresentation of fact may result in refusal of employment or immediate termination;
- this employment application and any other Company documents or manuals do not constitute contracts of employment and any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by me.

***I authorize***

- the investigation of all statements I have made in this application;
- the release of references, grade transcripts, drug testing results, criminal background inquiry reports and additional information pertinent to my employment;
- the solicitation of any and all information from previous employers, colleagues and other persons concerning previous employment and any pertinent information they may have.

***I release***

- eQuotz®, its subsidiaries and/or affiliates, including all of its officers agents, representatives and employees, for any and all liability and damages arising out of submission to a drug test or a criminal background inquiry and any consumer report obtained for employment purposes.
- All parties from all liability for any damage that may result from furnishing any of the information authorized above.

***I hereby acknowledge that***

- I have read and understand the above statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone no. (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If you are under age 25, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

### Work Opportunity Credit

- 1 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Aid to Families with Dependent Children (AFDC) or its successor program, Temporary Assistance for Needy Families (TANF), for any 9 months during the last 18 months.
  - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
  - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
  - I am at least age 18 but **not** over age 24 and I am a member of a family that:
    - a) Received food stamps for the last 6 months, OR
    - b) Received food stamps for at least 3 of the last 5 months, BUT is no longer eligible to receive them.
  - Within the past year, I was convicted of a felony or released from prison for a felony AND during the last 6 months I was a member of a low-income family.
  - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

### Welfare-to-Work-Credit

- 3 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4 Check here if you are a member of a family that:
  - Received AFDC or TANF payments for at least the last 18 months, OR
  - Received AFDC or TANF payments for any 18 months beginning after August 5, 1997, OR
  - Stopped being eligible for AFDC or TANF payments after August 5, 1997, because Federal or state law limited the maximum time those payments could be made.

### All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone No. \_\_\_\_\_ EIN \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above --- \_\_\_\_\_ Telephone No, \_\_\_\_\_

Street Address --- \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described) under **Members of Targeted Groups** in the separate instructions), enter that group number (4 or 6) \_\_\_\_\_

DATE APPLICANT: Gave information // \_\_\_\_\_ Was offered job // \_\_\_\_\_ Was Hired // \_\_\_\_\_ Started job // \_\_\_\_\_

Under penalties of perjury, I declare that I completed this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

**Employer's signature** \_\_\_\_\_ **Title Date** \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

*Section references are to the Internal Revenue Code.*

Section 51 (d)(1 2) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's Federal tax return. Completion of this form is voluntary and may assist members of targeted groups and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family

assistance recipient. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SESA, and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual

circumstances. The estimated average time is:

**Recordkeeping** ..... 2 hr., 47 min.  
**Learning about the law or the form** .....

**Preparing and sending this form to the SESA** ..... 36 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write the the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

**DO NOT** send this form to this address. Instead, see **When and Where To File** in the separate instructions.

## INSTRUCTIONS

PLEASE 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 U.S.) 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1- Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**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/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes 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 eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 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. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

### Section 3 - Updating and Reverification.

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

If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

If an employee is rehired within three (3) 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:

examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),

record the document title, document number and expiration date (if any) in Block C, and

complete the signature block.

**Photocopying and Retaining Form I-9.** A blank 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 I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

**For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.**

**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 officials of the U.S. Immigration and Customs Enforcement, 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.

**Reporting Burden.** We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

# Employment Eligibility Verification

**Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
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.**

Latest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A
- An alien authorized to work until
- (Alien # or Admission #)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**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 (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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

**CERTIFICATION - latest, 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 eligible 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		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

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

- A. New Name (if applicable) \_\_\_\_\_
- B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

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

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A  Documents that Establish Both Identity and Employment Eligibility	<b>OR</b>	LIST B  Documents that Establish Identity	<b>AND</b>	LIST C  Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (Form N-560 or N-561)</li> <li>3. Certificate of Naturalization (Form N-550 or N-570)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151</i> or <i>I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)</li> </ol>	<b>OR</b>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<b>AND</b>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545</i> or <i>Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)</li> </ol>