APPLICATION FOR EMPLOYMENT (Please Print Clearly)

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Personal Infor	mation			Date of Application				Date Available .			
Name	Last			First			Middle				
Present Address								. Phone	Number		
Permanent Address (if Different than Present Address)	Str	eet		City	\$	State	Zip Code	Phone	Number		
·	Str			City		State	Zlp Code				
If you cannot be reach	ned at above phor	ne number, pl	ease give	alternate nun	nber.	Phone N	lumber				
Employment D Type of Work		Shift		Salary			ot Employment of:			Time?	□ Temporary?
First Choice							s, of Age or Older? eyed Now? 🔲 Yes		U No		
Second Choice					-	•	ct Your Present E		☐ Yes ☐ l	No	
Third Choice					Learn	old You Of This ng?					
Education	Circle Highest Grade Complet	9 ed 13	10 11 14 15	12 16	Scholast Honors Received						
	Name of	School		Location (City, State)			Courses Taken		Completed	i c	Type of Degree or ertificate Received
High School	Proceedings								□ No □ Yes		
College									□ No □ Yes; <u>I</u>		
Vocational or Business									☐ No ☐ Yes;/	,	-
Professional Education						,			☐ No ☐ Yes;		
Laboratory or X-Ray Training									☐ No ☐ Yes; <u>I</u>	,	
Extracurricular Activities While in Sch	100[
Member of Professional Organiza	tions										
Honors Received, Vol Service or Other Qual Which You Feel Are R Position for Which Yo	ifications You Have elated to the	/e									
Were you in the U.S. A	rmed Forces? □	Yes □ No	If yes, wh	at branch?_							
Dates of Duty: From _	Month Day	/ Year	То .	Month /	Day	/ Year	Rank at Disch	narge			
Professional Li	censes and/o	r Certifica	tions								Verif.
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Туре	Organization or Sta	te Issued					Date Issued	Numb	er		
Туре	Organization or Stat	te Issued				· · · · · ·	Date Issued	Numb	er		

Present and Forme		Dates	Salary			
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Employment Understanding (Please Read and Sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination, and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Please Indicate Days and Hours You Are Available For Work (Be Specific) Available For Work (Be Specific)		
		A
Day From To		
Primary position desired		
Sunday A.M. A.M.		
Will you accept another position? ☐ Yes ☐ No P.M.		
if so, what?		
Monday A.M. A.M.		
weekends?	Yes □ No Yes □ No	
The you available to treat the property of the	Yes □ No	
Tuesday A.M. A.M		
P.M.		
If your availability changes, it is your responsibility to fill Card" indicating the changes. Such changes will be effect	in an "Availal tive, then, for	bility r anv
Wednesday A.M. A.M. future employment.	,,	
P.M. P.M.	-	
A.M. A.M.		
Thursday I understand that emergency conditions may require r		
P.M. P.M. work shifts other than the one for which I am applying a scheduling change as directed by my department head of		
A.M. A.M. this institution.	r dammion an	01 01
P.M. P.M.		
A,M. A.M. A.M.	Date	
Saturday		

This Page For Institution and Interviewers' Use Only

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Interviewers' Comments			
Interviewer	Date	Com	ments
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Hired	For what department		Position
	Tri in Gorgen (IIIV) (
Salary	per 🗆 Year 🗅 Mont	h 🛘 Hour Starting Date	



Nebraska Department of Health and Human Services Division of Children and Family Services

IDENTITY VERIFICATION

The purpose of this form is to verify the Identity of the Individual re- Child Abuse and Neglect Central Registry. If you are under the age required instead of yours. Do not leave any fields blank.	questing information from the Nebraska Adult / e of 19, a parent or guardian's notarized signature is
Request Number:	
INDIVIDUAL INFOR	MATION
Name:	Date of Birth:
Person signing: ☐ Individual or ☐ Individual's Guardian	
Signature of Individual / Guardian:	Date:
NOTARY USE O	NLY
STATE OF	
COUNTY OF) ss.
The foregoing instrument was acknowledged before me this	day of, 20by:
Printed Name of Person to be Notarized :	
•	
Affix Official Notary Seal Here Signature of Notary Pt	ublic
DO NOT MAIL THIS FORM. Once this form has been notarized, up Request on the Nebraska Central Registry Portal. To access your of created and the Request Number on the portal.	pload and attach this document to your Check check request, you must enter the PIN you initially
https://ecmp.nebraska.gov/DHHS-CR/Chec	ckRequest/ResultsVerification

CRIMINAL HISTORY SCREENING CONSENT FORM BACKGROUND CHECK								
NameDate								
Maiden Name/Other Names Used								
Date of Birth Sex								
Social Security Number								
Driver's License Number								
Do you have any felony charges pending against you?yesno								
Have you ever pled guilty or been convicted of a crime?yesno								
Explaination								
Are you currently licensed or certified by a health care related occupation?yesno								
If so, what type?								
Effective Date Expiration Date								
Applicant Statement								
As a prospective employee, I understand that the above information is required in order for the facility to request that a criminal background check be conducted by the State Police.								
If the Facility's representative determines that actions by a court of law against a prospective employee are such that they indicate the applicant is unsuited to work in a nursing home, the applicant will not be considered for employment.								
A report may be made to the Nurse Aide Registry or State Licensing Agency, if deemed appropriate.								
I understand the importance of protecting the safety and well being of the residents of the Facility I understand that conviction of a crime after employment may be deemed cause for dismissal if there is an indication of behavior that might place residents at risk.								
A copy of the background check may be obtained within 60 days upon written request of the applicant.								
Consent Signature of Applicant Date								

NEBRASKA Good Life, Great Mission. DEPT OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services Division of Children and Family Services

IDENTITY VERIFICATION

The purpose of this form is to verify the identity of the individual Child Abuse and Neglect Central Registry. If you are under the a required instead of yours. Do not leave any fields blank.	requesting information fro age of 19, a parent or gua	rdian's notarized signature is
Request Number:		·.
INDIVIDUAL INFO	DRI ATION	
Name:	AWAI ION	Date of Birth:
		Date of billin
Person signing: □ Individual or □ Individual's Guardian		
Signature of Individual / Guardian:	Da	ite:
NOTARY USE	ONLY	
STATE OF		
COUNTY OF) ss.	
The foregoing instrument was acknowledged before me this	day of	by:
Printed Name of Person to be Notarized :		
		•
•		•
Affix Official Notary Seal Here Signature of Notary	Public	
DO NOT MAIL THIS FORM. Once this form has been notarized, Request on the Nebraska Central Registry Portal. To access you created and the Request Number on the portal.	upload and attach this do ir check request, you mus	ocument to your Check st enter the PIN you initially
https://ecmp.nebraska.gov/DHHS-CR/Ch	eckRequest/ResultsVerifi	ication



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form 1-9 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 of 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

ANTI-DISCRIMINATION NOTICE: It is illegal to c employee may present to establish employment a documentation presented has a future expiration	authorization and identity	. The refusal to hi	re or continue to	employ ar	i Individua	because the
Section 1: Employee Information	and Attestation	(Èmployees mu		វ ទៀញ ទ	ipļlon 1: o	f Főrii I-9 no láter
257 JELONG Set A 27 1 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	First Name (Given Nam		Middle Initial	Other L	ast Name	s Used (<i>if any</i>)
Address (Street Number and Name)	Apt. Number	City or Town		•	State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Section 1.		yee's E-mail Add				Telephone Number
I am aware that federal law provides for connection with the completion of this f I attest, under penalty of perjury, that I a	orm.			or use oi	false do	ocuments in
1 attest, under penany of perjury, many	ini folieck one of the					
2. A noncitizen national of the United States	(See instructions)					
3. A lawful permanent resident (Allen Reg		3 Number):				•
4. An allen authorized to work until (expiration of the same allens may write "N/A" in the expiration of the same allens may write "N	ation date, if applicable,	mm/dd/yyyy):		-		•
Allens authorized to work must provide only or An Allen Registration Number/USCIS Number	e of the following docum OR Form I-94 Admissio	nent numbers to a	omplete Form I-E reign Passport N	: umber.	C Do)	R Coda-Seption 1 Not Wite in This Space
1, Alien Registration Number/USCIS Number: OR	•					
2. Form 1-94 Admission Number: OR						
3, Foreign Passport Number:						
Country of Issuance:						
Signature of Employee			Today's Da	e (mm/dd	Yyyyy)	
Tibles below must be completed and sign I attest, under penalty of perjury, that I h knowledge the information is true and c	A preparer(s) encourers an ad when preparers an	n ë) (. nsiator(s) sispistë i <i>djor translators</i> completion of	والمراضية المنافعة المنافعة المنافعة المنافعة	gy <u>ee in g</u> Is form a	a Section orgipletin and that Date (mm/	to the best of my
Signature of Preparer or Translator .	•	bal (s.l	- Johnson Marral	Indial 9 1	Jule (Hill)	
Last Name (Family Name)		First Nam	e (Given Name)	•		
Address (Street Number and Name)		City or Town		•	State	ZIP Gode





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

	eric erike	in Kanasana sa						
Section 2: Employer or A (Employer or A (Employers or their authorized reprinted Provided Pro	Authorized esentative must nent from List A	Represe complete an OR a combil	ntative R d sign Section netion of one	eview a i 2 wilhin 3 daeument i	n d Verifica business days rom Ust B and	a tion. or the em one docu		***************************************
Employee info from Section 1	Last Name (Fa	mily Name)	*	First Name	e (Given Name) N	I.I. Citize	enship/immigration Status
List A Identity and Employment Auti	O) Iorization	₹	List Iden		AN ·	i)	Emp	List G doyment Authorization
Document Title		Document '	Title	•		Documen	t Title	
issuing Authority	7.70	Issuing Aut	harity			tasuing A	uthorlty	
Document Number	,	Document (Number		•	Documer	nt Number	
Expiration Date (if any) (mm/dd/yy)	(עי	Expiration I	Date <i>(if any) (</i>	mm/dd/yyy	0	Expiration	n Date <i>(if a</i>	ny) (mm/dd/yyyy) ·
Document Tille				 			7	
Issuing Authority		Additiona	al Informatio	n	•			Code - Secilons 2 & 3 Not Wite in This Space
Document Number								
Expiration Date (if any) (mm/dd/yy)	ry)			•	•			
Document Title	•							
Issuing Authority			•					
Document Number								•
Expiration Date (If any) (mm/dd/yy)	(y)							
Certification: I attest, under pe (2) the above-listed document(semployee is authorized to work	s) appear to b	e genuine a	have exam nd to relate	ined the d to the em	ocument(s) p ployee name	resented d, and (3)	by the at to the be	ove-named employee, est of my knowledge the
The employee's first day of e			y):		(See în	struction	is for exe	mptions)
Signature of Employer or Authorize	d Representati	/e	Today's Da	te (mm/dd/)	ryyy) Title o	of Employe	er or Author	ized Representative
Last Name of Employer or Authorized I	Representative	First Name o	f Employer or A	Authorized R	epresentative	Employe	r's Busines	s or Organization Name
Employer's Business or Organization	on Address (Str	eet Number a	nd Name)	City or To	wn .		State	ZIP Code
Section 3: Reverification	and Rehlfes	(Ţġ;bè còn	npleted and	signed by	employer on	autjojįze	d représe	ntátive)
A: New Name (If applicable)							Rehlîe (If a	pp//cable)
Last Name (Family Name)	First N	lame <i>(Given</i> :	Name)	Mic	idle initial i	Date (mm/	da/yyyy)	,
G: If the employee's previous grant,	ទី ក្រុំក្រុម និញ្ចុំស្រុខម៉ូន previous grant of employment authorization has expired, provide the information for the document of the provided below.							
Document Title		<u> </u>	Docume	nt Number			Expiration i	Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum	y, that to the beneficed	est of my k	nowledge, i have exam	this emplo ined appe	yee is author ar to be genu	rized to w line and t	ork in the	United States, and If the Individual.
Signature of Employer or Authorize	d Representativ	e Today's	s Date (mm/d		Name of Emp	oloyer or A	uthorized F	Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A , Documents that Establish Both Identity and		LIST B Documents that Establish Identity		LIST C Documents that Establish Employment Authorization
	"	Ŕ			
	U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the	1.	A Social Security Account Number card, unless the card Includes one of
2.	Permanent Resident Card or Allen Registration Receipt Card (Form I-551)		United States provided it contains a photograph or information such as		the following restrictions: (1) NOT VALID FOR EMPLOYMENT
3,	Foreign passport that contains a temporary I-551 stamp or temporary		name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
	I-551 printed notation on a machine- readable immigrant visa	•	ID card issued by federal, state or local government agencies or entities.		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4.	Employment Authorization Document that contains a photograph (Form I-766)		provided it contains a photograph or Information such as name, date of birth, gender, height, eye color, and address	2.	Certification of report of birth Issued by the Department of State (Forms DS-1350, FS-545, FS-240)
. н	For a nonimmigrant allen authorized		3. School ID card with a photograph	3.	Original or certified copy of birth
ο,	to work for a specific employer		4. Voter's registration card		certificate issued by a State, county, municipal authority, or
	because of his or her status:		5. U.S. Military card or draft record		territory of the United States
	a. Foreign passport; and b. Form I-94 or Form I-94A that has		6. Military dependent's ID card		bearing an official seal
	the following:	•	7. U.S. Coast Guard Merchant Mariner		Native American tribal document
	(1) The same name as the passport;		Card	!∸- —	U,S. Citizen ID Card (Form I-197)
	 and (2) An endorsement of the allen's 		8. Native American tribal document	6.	ldentification Card for Use of ' Resident Citizen in the United
	nonimmigrant status as long as that period of endorsement has		Driver's ilcense issued by a Canadian government authority		States (Form 1-179)
	 not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
6.	Passport from the Federated States		10. School record or report card		1
	of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with		11. Clinic, doctor, or hospital record		
	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	. :	12. Day-care or nursery school record		•

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



Nebraska Department of Health and Human Services Division of Children and Family Services

IDENTITY VERIFICATION

The purpose of this form is to verify the identity of the individual requesting information Child Abuse and Neglect Central Registry. If you are under the age of 19, a parent required instead of yours. Do not leave any fields blank.	ation from the Nebraska Adult / t or guardian's notarized signature is
Request Number:	
INDIVIDUAL INFORMATION	,
Name:	Date of Birth:
Person signing: □ Individual or □ Individual's Guardian	
Signature of Individual / Guardian:	Date:
NOTARY USE ONLY	
STATE OF)	
COUNTY OF) ss.	
	, 20 by:
Printed Name of Person to be Notarized :	
·	
·	
Affix Official Notary Seal Here Signature of Notary Public	
DO NOT MAIL THIS FORM. Once this form has been notarized, upload and attack Request on the Nebraska Central Registry Portal. To access your check request, y created and the Request Number on the portal.	h this document to your Check you must enter the PIN you initially
https://ecmp.nebraska.gov/DHHS-CR/CheckRequest/Resu	ultsVerification



Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form 1-9 OMB No. 1615-0047 Expires 10/31/2022

START HERE: Read instructions carefully before completing this i	form. The Instru	ctions must be availa	able, el	ther in pa	per or electropically,	
during completion of this form. Employers are liable for errors in the ANTL-DISCRIMINATION NOTICE: It is illegal to discriminate against wor	e comblegion of	this form.			•	
employee may present to establish employment authorization and identity documentation presented has a future expiration date may also constitute	y. The refusal to e lilegal disorimir	hire or continue to emi ation.	ploy an	Individual	DBORNAG TUB	
Section 1: Employee information and Attestation then the first day of employment, but not before accepting a fo	(Émployees n b offer)			<u> </u>		
Last Name (Family Name) First Name (Given Nam	ne)	Middle Initial C	Other La	est Names	Used (if any)	
Address (Street Number and Name) Apt. Number	City or Town	,		State	ZIP Code	
	oyee's E-mail Ad				Telephone Number	
l am aware that federal law provides for imprisonment and connection with the completion of this form.			ise of	faise doi	cuments in	
I attest, under penalty of perjury, that I am (check one of the	e following po					
1. A citizen of the United States '						
2. A noncitizen national of the United States (See Instructions)						
3. A lawful permanent resident (Allen Registration Number/USC)		4				
4. An alten authorized to work until (expiration date, if applicable, Some allens may write "N/A" in the expiration date field. (See Ins.	structions)			n F	Code-Section 1	
Allens authorized to work must provide only one of the following docur An Allen Registration Number/USCIS Number OR Form I-94 Admissio	ment numbers to on Number OR F	complete Form I-9: orelgn Passport Numb	er.		t Wileln This Space	
1, Alien Registration Number/USCIS Number: OR						
2. Form I-94 Admission Number:						
OR					•	
3, Foreign Passport Number:		· 				
Country of Issuance:						
Signature of Employee	Today's Date (r	Today's Date (mm/dd/yyyy)				
Preparenand/or Translator Certification (Check of Tigle fighted a preparer or translator Certification (Check of Tigle fighted a preparer or translator (A) A preparer (a) and or translator (Check of Tigle fighted and signed when preparers are	anslator(s) asselsi	s assist an employe	10 IN AC	mpleting	\$8\$\$\$\$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	completion o	connain torunat	oiii a	iin niar n	o tue treat of må	
Signature of Preparer or Translator		Тос	day's D	ate <i>(mm/d</i>	d/yyyy)	
Last Name (Family Name)	First Na	me (Gîven Name)			•	
Address (Street Number and Name)	City or Town			State	ZIP Gode	





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

USCIS Form I-9 0MB No. 1615-0047 Expires 10/31/2022

	TERMINE LINE CONTRACTOR	1.75			2.0 CA	
Section 2: Employer of Authorize Employers of their authorized representative m must physically examine one decument from Lis Maceolable boodments. It:	ust comblète and slàit Së	etiôn 2 Within 3	business deve	at the emi	plöyed s ffi nent trom	at dag of erniplisyment: You List Cas listed on the "Lista
	(Family Name) .	First Name	e (Given Name	<i>).</i> №	1.1. Citize	enship/Immigration Status
Identity and Employment Authorization		list B lentity	. AN			List G oloyment Authorization
Document Title .	Document Title			Documén	it Title	
Issuing Authority	Issuing Authority			tasuing A	uthority	
Document Number	Document Number		•	Documen	it Number	
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if an	y) (mm/dd/yyy)	1)	Expiration	n Date <i>(if a</i>	ny) (mm/dcl/yyyy)
Document Title			A Charles of the State of the S		*	
lssuling Authority	Additional Information	ation	i		Qr Du	R Code - Seellons 2 & 3 Not Write In This Space
Document Number			•			
Expiration Date (if any) (mm/dd/yyyy)			•			
Document Title ·						
Issuing Authority	1 .					
Document Number						•
Expiration Date (if any) (mm/dd/yyyy)						
Certification: I attest, under penalty of per (2) the above-listed document(s) appear to employee is authorized to work in the Unit	be genuine and to rel ed States,	amined the d ate to the em	ployee name	id, and (3)	to the be	est of my Knowledge the
The employee's first day of employmen				struction		
Signature of Employer or Authorized Represent	ative Today's	Date (mm/dd/y	ryyy) Title o	of Employe	r or Author	ized Representative
Last Name of Employer or Authorized Representative	First Name of Employer	or Authorized R	epreseniative	Employe	r's Busines	s or Organization Name
Employer's Business or Organization Address (Street Number and Name) City or Tov	vn		State	ZIP Code
Section 3: Revenilication and Rehir A: New Name (If epolicable)	es (To be completed s	រុក្ខដូ នំព្រះគ្រង់ ស្វ	employen di	authorize	d <i>rëprësë</i> Rehire (If e	ntativė)) pplicabie)
Last Name (Family Name) Firs	t Name (Given Name)	Mid		Date (mm/		4
St. If the employee's previous brant of employme	nit authörization has expl	ed, provide the	information fo	r the dooil	ment or jec	celot that establishes
ooninillig eroploymen authorzation in the spac Document Title	e provided below.	ment Number		· [Expiration I	Date (If any) (mm/dd/yyyy)
I attest, under penalty of perjury, that to the the employee presented document(s), the	e best of my knowledg	e, this emplo	yee is author	rized to w	ork in the	United States, and if
the employee presented document(s), the displayer of Employer or Authorized Representation	document(s) i nave ex live Today's Date (m.	m/dd/yyyy)	Name of Emp	oloyer or A	uthorized F	Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A			LISTB		LIST C	
	, Documents that Establish Both Identity and Employment Authorization	i PR		Documents that Establish Identity AN	D	Documents that: Establish Employment Authorization	
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Allen Registration Receipt Card (Form 1-551)	25 / L	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		A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOREMPLOYMENT	
3,	Foreign passport that contains a temporary I-551 slamp or temporary	•		name, date of birth, gender, height, eye color, and address		(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
	1-551 printed notation on a machine- readable immigrant visa.		dovernment agencies or entitles,		(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
4.	Employment Authorization Document that contains a photograph (Form 1-766)			provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		Certification of report of birth Issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
		3.	School ID card with a photograph .	3,	Original or certified copy of birth		
to v	to work for a specific employer because of his or her status: a. Foreign passport; and		4.	Voter's registration card		certificate issued by a State, county, municipal authority, or	
			5.	U.S. Military card or draft record	l	territory of the United States	
			6.	Military dependent's ID card		bearing an official seal	
	Form I-94 or Form I-94A that has the following:		7.	. U.S. Coast Guard Merchant Mariner		Native American tribal document	
	(1) The same name as the passport;			Card	5.	U.S. Citizen ID Card (Form I-197)	
	• and		8.	Native American tribal document	6.	Identification Card for Use of	
	(2) An endorsement of the allen's nonimmigrant status as long as that period of endorsement has	1		9.	Driver's license issued by a Canadian government authority		Resident Citizen Inthe United States (Form I-179)
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		I	For persons under age 18 who are unable to present a document Ilsted above:	7.	Employment authorization document issued by the Department of Homeland Security	
6.	 Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with 		10). School record or report card		•	
		<u>'</u>		11. Clinic, doctor, or hospital record			
Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Betwee the United States and the FSM or RM		. :	12	. Day-care or nursery school record		·	

Examples of many of these documents appear in the Handbook for Employers (M-274).