

# M&J and Eagle Intermodal

4900 S. Mason  
Chicago, IL 60638  
(708) 430-7800 Phone  
(708) 459-4111 Fax

[stephancollins@mjlogisticsil.com](mailto:stephancollins@mjlogisticsil.com)

## DRIVER'S APPLICATION FOR EMPLOYMENT

Company Driver

Owner Operator

Agent Driver

*M & J/Eagle Intermodal Inc., is in compliance with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities. Please print in ink, and answer ALL questions.*

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MI

Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Other # \_\_\_\_\_

### List Addresses for Previous 3 Years:

STREET CITY STATE ZIP How Long? \_\_\_\_\_

STREET CITY STATE ZIP How Long? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No

Have you ever worked for M&J and Eagle Intermodal or its affiliates?  Yes  No If Yes, where? \_\_\_\_\_

Dates of previous employment with M&J and Eagle Intermodal: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving:  
\_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Why would you like to work for M&J and Eagle Intermodal?  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason you might not be able to perform the functions of the job for which you have applied?  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

# Employment History

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

All driver applicants to drive a commercial motor vehicle in interstate commerce ***MUST*** provide the following information for all employers during the **preceding 10 years**. (Explain any gaps in employment, including unemployment dates if any.)

**Note: List most recent employer first. Complete ALL information requested. Add another sheet if necessary.**

Name _____	Dates From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary _____
Contact _____ Phone _____	Reason for Leaving _____
Were you subject to FMCSR while employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name _____	Dates From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary _____
Contact _____ Phone _____	Reason for Leaving _____
Were you subject to FMCSR while employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name _____	Dates From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary _____
Contact _____ Phone _____	Reason for Leaving _____
Were you subject to FMCSR while employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name _____	Dates From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary _____
Contact _____ Phone _____	Reason for Leaving _____
Were you subject to FMCSR while employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name _____	Dates From _____ To _____
Address _____	Position _____
City _____ State _____ Zip _____	Salary _____
Contact _____ Phone _____	Reason for Leaving _____
Were you subject to FMCSR while employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substance testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Education

Select highest grade completed: \_\_\_\_\_ High School: \_\_\_\_\_ College: \_\_\_\_\_

Last school attended: \_\_\_\_\_  
Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Driving Qualification and Background

Provide accident record for preceding three years

Check box if no accidents in past three years

Date	Type of Accident (Rear-End, Backing, Lane Change)	Fatalities	Injuries
Last Accident _____	_____	_____	_____
Next Previous _____	_____	_____	_____
Next Previous _____	_____	_____	_____

Provide traffic convictions and forfeitures for previous three years, (other than parking violations)

Check box if no moving violations in past three years.

Date	Location	Type of Offense	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

Has any license, permit or privilege ever been suspended or revoked?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever tested positive or refused a DOT drug or alcohol test within the past 3 years?  Yes  No

**If you answered "YES" to any of the above questions, attach a statement giving details.**

## Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Etc.)	Dates From	To	Approx. # of Miles (Total)
Tractor Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

List States Operated in past five years: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any special training that will enable you to be a better driver: \_\_\_\_\_

List any safe driving awards that you have earned: \_\_\_\_\_

List any other skills or training which will help you succeed at **M&J Intermodal**: \_\_\_\_\_

## Commercial Driver's License Information

State	Number	Class	Endorsements	Expiration Date
_____	_____	_____	_____	_____

I understand that in order to qualify for this position as a commercial driver, I must submit to a pre-employment controlled substances test. A negative controlled substance test will be required before an offer for employment can be made. I authorize **M&J Intermodal** to make such inquiries of my driving history, past employment background, criminal background, personal, financial and/or medical history. I hereby release state agencies, past employers, schools, health care providers and/or any other person from all liability in connection to their responding to any and all inquiries from **M&J and Eagle Intermodal** and the subsequent release of information to verify the accuracy of this application.

I authorize **M&J and Eagle Intermodal** and/or its authorized representatives to obtain a copy of my Motor Vehicle Record from the state office that maintains my driver records. I understand that a third party vendor may be used to obtain my Motor Vehicle Report. I further understand that the information in my Motor Vehicle Report may be used for hiring or employment purposes, and for insurance underwriting or rating purposes. This authorization shall remain in effect until my employment or driving duties for **M&J and Eagle Intermodal** is terminated.

I understand that in the event of my employment by **M&J and Eagle Intermodal** any false or misleading statements given in my application or interview(s) may result in termination. I understand that I am required to abide by all rules and regulations of **M&J and Eagle Intermodal** which is an Illinois corporation, whose only office is located in Illinois. I understand that all hiring decisions, work assignments and payroll information come from Illinois even though work may be performed in various states. I also understand that I am employed "at will" and that there is no contract of employment, which means that either party, can terminate employment with no liability.

This certifies this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Arbitration Agreement

I hereby agree that any and all claims or controversies between me and **M&J and Eagle Intermodal** (the "Company"), relating to my employment with the Company, or termination thereof, including claims for breach of contract, tort, employment discrimination (including unlawful harassment), and any violation of any state or federal law shall be resolved by arbitration in accordance with the then applicable National Rules for the Resolution of Employment Disputes of the American Arbitration Association. I understand that this Arbitration Agreement covers any and all claims that I might bring under Title VII, the Americans with Disabilities Act and the Age Discrimination In Employment Act. However, claims under applicable workers' compensation laws or the National Labor Relations Act shall not be subject to arbitration. The Arbitrator shall be selected from a panel provided by the American Arbitration Association.

If any party prevails on a statutory claim, which affords the prevailing party attorneys' fees, then the arbitrator may award reasonable attorneys' fees and costs to the prevailing party.

I understand and agree that this Arbitration Agreement contains a full and complete statement of any and all agreements and understandings regarding resolution of disputes between the Company and me, and I agree that this Arbitration Agreement supersedes all previous agreements, whether written or oral, express or implied, relating to the subjects covered in this Arbitration Agreement. I further understand that this arbitration agreement cannot be modified except in a written document signed by both the Company President and I.

***I UNDERSTAND AND AGREE THAT THIS AGREEMENT TO ARBITRATE CONSTITUTES A WAIVER OF MY RIGHT TO A TRIAL BY JURY OF ANY MATTERS SUBJECT TO ARBITRATION UNDER THIS AGREEMENT.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# M&J and Eagle Intermodal

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Chicago, IL 60638  
Ph) 708-430-7800  
Fx) 708-459-4111

[stephancollins@mjlogisticsil.com](mailto:stephancollins@mjlogisticsil.com)

## INQUIRY TO PREVIOUS EMPLOYMENT

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employed from (M/Y) \_\_\_\_\_ to \_\_\_\_\_

Did this person drive a tractor/semi-trailer for you?  Y  N

Type and length of trailer: \_\_\_\_\_

Are you aware of any motor vehicle citations or arrests?  Yes  No

Are you aware of any driver's license suspensions or revocations?  Yes  No

Do you consider this person to be a safe driver?  Yes  No

Would this driver be eligible for re-hire?  Yes  No

Reason for leaving:  Voluntary  Involuntary  Laid-off

General Comments: \_\_\_\_\_

Company:	_____
Contact Person:	_____
Address:	_____ _____ _____
Phone:	_____
Fax:	_____

Please list any accident information for the above named individual for the last three years:

Date \_\_\_\_\_ City/State \_\_\_\_\_ Injuries \_\_\_\_\_ Fatalities \_\_\_\_\_ Description \_\_\_\_\_

Date \_\_\_\_\_ City/State \_\_\_\_\_ Injuries \_\_\_\_\_ Fatalities \_\_\_\_\_ Description \_\_\_\_\_

Date \_\_\_\_\_ City/State \_\_\_\_\_ Injuries \_\_\_\_\_ Fatalities \_\_\_\_\_ Description \_\_\_\_\_

Per Federal Motor Carrier Safety Regulations part 382.413 the following information is required:

- A. Has this person tested positive for a controlled substance in the last 3 years?  Yes  No
- B. Has this person had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last 3 years?  Yes  No
- C. Has this person refused a required test for drugs or alcohol in the last 3 years? \*\*  Yes  No
- D. Has this person committed any other violations of DOT drug and alcohol testing regulations?  Yes  No
- E. Have you received information (including verified adulterated or substituted results) from previous employers that applicant has violated DOT drug/alcohol regulations?  Yes  No

**\*\*Please include information from previous employers. If any of the above answers are Yes, please provide information for the Substance Abuse Professional that the person was referred to:**

Name of Substance Abuse Professional \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
(Signature/Name/Position of person giving information)

\_\_\_\_\_  
(Date)

### \*\*\*Release\*\*\*

It is agreed and understood that the company or its agents may investigate the driver's background to ascertain any and all information of concern to driver's record. Including all information on my Alcohol and Controlled Substance Testing/Training Records, whether same is of record or not, and driver releases former and/or current companies named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior companies will be contacted for purposes of investigation as required by the Motor Carrier Safety Regulations.

\_\_\_\_\_  
Driver's signature

\_\_\_\_\_  
Date



**THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS**

**IMPORTANT DISCLOSURE**

**REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with M&J/Eagle Intermodal ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

**AUTHORIZATION**

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize M&J/Eagle Intermodal ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015



Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as HireRight, Inc. ("HireRight"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from HireRight and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies; learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

**Motor Vehicle Driver's**  
**CERTIFICATION OF COMPLIANCE**  
**WITH DRIVER LICENSE REQUIREMENTS**

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain certain driver licensing requirements that you as a driver must comply with, including the following:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
  
- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.
  
- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30 days.

The following license is the only one I will possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understood the above requirements.

Driver's Name (Printed): \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_

(This form is not required for DOT compliance)

# PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: \_\_\_\_\_  
(print)

ID Number: \_\_\_\_\_

The prospective employee is required by Sec. 40.25(j) to respond to the following questions

1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:  Yes  No

2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one:  Yes  No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** 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 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.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State <input type="checkbox"/>	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]	E-mail Address			Telephone Number		

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):

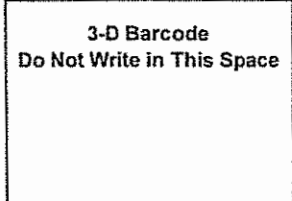
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State <input type="checkbox"/>
			Zip Code



**Employer Completes Next Page**

