

EMPLOYMENT APPLICATION CHILD CARE FACILITY

Name:

Social Security Number:

Mailing Address:

Phone:

City

State

Zip

Position Applying For:

Are you age 18 or Older? Yes No

Are you age 21 or Older? Yes No

EDUCATION

Elementary or High School (Circle Years Completed) 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School? Yes No

Did you receive a G.E.D.? Yes No

Name of High School:

Name and Location of School	Dates Attended	Degree Type and Year.	Major Field of Study
College or University			
College or University			
Technical or Vocational			
Technical or Vocational			

(Use additional paper if needed)

Describe any other relevant training you have. Give date, location, and the organization sponsoring the training.

List current professional licenses, certificates, or memberships in professional organizations.

Are you willing to participate in continuing education and training for this position? Yes No

Do you have a Driver's License? Yes No

If Yes, please list State and license number: _____

If "No" are you willing and able to obtain one? Yes No

EMPLOYMENT AND EXPERIENCE

List all positions held in the last 10 years, beginning with the most recent. If you provide this information in resume format, be sure to include the information requested below. If you were not employed, list your whereabouts for the last 2 years.

Dates	Position	Job Duties	Employer	Address

(Use additional paper if needed)

Describe any duties of your positions that are relevant to child care or adult care, including direct care giving, supervision of child or adult care personnel or programs, management or administration.

Describe any other relevant experience or skills you have. Include volunteer work. Give details, location, supervisor, etc.

REFERENCES

List at least three people, including two who are not related to you, who can comment on your character and your ability to work with children.

Name	Mailing Address	Telephone Number
------	-----------------	------------------

May we contact your present employer for a reference? Yes No

PERSONAL HISTORY

Have you been previously licensed to care for child(ren) or adults?

NO YES If yes, indicate city, state and type of care (child care home, child or adult foster care, etc.) and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?

NO YES If yes, attach an explanation

Have you ever been investigated for child or elder abuse or neglect?

NO YES If yes, attach an explanation.

Do you have any physical, health, mental health or behavioral problem that might pose a significant risk to the health, safety, or well-being of children or adults?

NO YES If yes, attach an explanation.

Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a significant risk to the health, safety or well-being of children?

NO YES If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense in the last 10 years?

NO YES If yes, attach an explanation.

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime?

NO YES If yes, attach an explanation.

I certify that the contents of this form and information provided with it are true, accurate, and complete. I authorize the employer to contact persons listed as references and I understand that the employer may contact others to verify information contained here.

Signature

Date

Alaska Background Check Program

Legal Name:

_____ _____
First Last

Any other Names Used previously: (aliases, nick names, legal names etc...)

Height: _____
Weight: _____
Race: _____

Social Security Number _____ Eye Color: _____

Date of Birth _____ Hair Color: _____

Place of Birth _____

Physical Address _____

_____ Date you moved to this address _____

Current Mailing Address

Residential History for Past 10 Years

City	State	From Month	From Year	To Month	To Year



"Little Feet, Big Dreams"

Job Description

Caregiver

Responsible to:

- Child Care Director
- Child Care Assistant Director
- Child Care Associate

The Caregiver is responsible for assisting the Program Director, Assistant Director and Child Care Associate in operating the childcare center in a manner that contributes to the growth and development of children.

Personnel Qualifications:

- Must be at least 18 years of age
- Experience working with children preferred
- Must meet all licensing requirements for the position

Principal Duties:

- Plans and conducts the daily program for a group of children and is a part of the child to staff ration. Organizes recreational activities such as games, arts & crafts, cooking projects, and outdoor/indoor activities. Turns in lesson plans by the 15th of each month for the next month.
- Assists the Director with coordination of childcare program in education, health and social services to meet the needs of children served.
- Assist with the development and maintenance of good staff relationships.
- Acts as resource and role model for students.
- Responsible for maintaining a physical environment that conforms to governmental licensing and program standards of safety and cleanliness and that is conducive to optimal growth and development of children who attend the center and the well-being of all involved in the childcare center activities.
- Takes initiative in researching resources and utilizing resources to their fullest.
- Responsible for assessment and constant monitoring of the children.

- Complete all required continuing education training hours in a timely manner.
- Attends staff and parent meetings and participates in these meetings.
- Maintains a sound, positive working relationship with parents, staff and other adults within the center.
- Maintains program records as required.
- Performs other duties as assigned by the Director, Assistant Director, or Child Care Associate
- Perform all CACFP duties as assigned by the Director or Assistant Director



Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for background check under AS 47.05. or 7 AAC 10.900 – 7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7 AAC 10.905?

No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under Medical Assistance Fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?

No Yes If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?

No Yes If yes, please describe: _____

Release of information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature	Date	Parent Signature (if applicable)	Date
Applicant Printed Name	Applicant SSN	Parent Printed Name	

Items you need, and places you need to visit:

~~***Notarized Release to Review Background Information~~

~~Libraries, Post Offices, & Banks will do this for a small fee. (usually \$2). DO NOT sign the form until you are in front of the notary.~~

***Fingerprints

The UPS Store at Pittman road is the closest place to our Facility. It is \$35 to get fingerprinted.

***Adult, Child, & Infant CPR & First Aid

Tundra training. 745-3483

This is usually a 4-8 hour class and costs \$80. If hired, you will be required to obtain your First Aid & CPR certificate within 30 days to continue your employment.

WELCOME!

Zdravstvuyte Hola
An-nyong Ha-se-yo Xin chào
Nei Ho

Welcome to the Alaska Food Worker Card test site. This test is required by the Alaska Food Code for food handlers in Alaska, except for establishments within the Municipality of Anchorage. The Municipality now has its own test and card. Please contact your local municipality or your employer for any other requirements that may be necessary in your area.

Beginning Monday, October 4, 2010, there will be a \$10 fee for all Food Worker Cards. Payment instructions will follow the test.

Obtaining a Food Worker Card is not an offer of work in Alaska. For information about employment in Alaska, contact the Alaska Department of Labor and Workforce Development and your local embassy.

<http://alaska.state.gogov.com/foodworker>



REFERENCE FOR EMPLOYMENT: CHILD CARE FACILITY

TO: _____

This reference is for: _____

This person has applied for a position as a caregiver at Bright Minds Learning Center LLC and has given your name as a reference. Please fill out this reference form and return it to:

Name: Bright Minds Learning Center LLC

Address: PO BOX 511

<u>Willow</u>	<u>AK</u>	<u>99688</u>
City	State	Zip

Sincerely,

A handwritten signature in cursive script, appearing to read "Ken", written over a horizontal line.

Signature

Date _____

1. How long have you known this person, and in what capacity?
2. Explain how this person works successfully with children and is a positive role model for children. Describe abilities, training, employment or life experience that will help this person work well with children.
3. Please give examples demonstrating how this person is a responsible individual of reputable character who exercises sound judgment.
4. Describe your observations of how this person supports behavior of children by use of positive guidance and setting clear and consistent limits.

5. How would you feel about leaving a child in this person's care?

To your knowledge, has this person:

6. Ever abused or neglected a child? YES NO
7. Have a physical health or behavioral health problem that poses a significant risk to children? YES NO
8. Have a domestic violence problem that poses a significant risk to children? YES NO
9. Been under indictment for or convicted of a crime? YES NO

If you answer YES to any of these, please explain. If you have questions about a problem you have observed, please contact the individual noted above.

10. Other comments: (Use additional pages if needed.)

Reference Signature

Date

Phone



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8. Have a domestic violence problem that poses a significant risk to children? YES NO
9. Been under indictment for or convicted of a crime? YES NO

If you answer YES to any of these, please explain. If you have questions about a problem you have observed, please contact the individual noted above.

10. Other comments: (Use additional pages if needed.)

Reference Signature

Date

Phone

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: } <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 3em; font-weight: bold; text-align: center;">2016</div>
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1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)	



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 <i>(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.)</i>					
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 AK <input type="checkbox"/>
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):

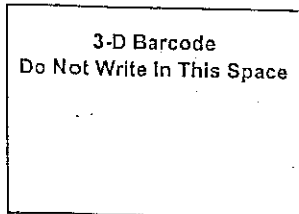
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this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

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



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Owner/Executive Director	
Last Name (Family Name) Spain	First Name (Given Name) Kerrie	Employer's Business or Organization Name Bright Minds Learning Center LLC		
Employer's Business or Organization Address (Street Number and Name) 9871 W Margin Way		City or Town Wasilla	State AK <input type="checkbox"/>	Zip Code 99623

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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 Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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:		
		10. School record or report card		
		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).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.