

Position Sought: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_



De Novo Legal, LLC

This application is designed for the use of individuals applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

De Novo Legal considers all applicants for all positions without regard to race, color, religion, national origin, sex, age, marital status, military discharge status, non-job-related physical or mental disability, or any other legally protected status.

**PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

College: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Law School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Graduate School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Para Institute/School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please provide your full employment record. Start with your current or most recent employment. We will assume we have your permission to contact these firms unless you indicate to the contrary.

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_



De Novo Legal, LLC

**PROFESSIONAL REFERENCES**

Please list additional business references, other than those listed in the employment history section, whom we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address : \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you 18 years of age or older? \_\_\_\_\_ If not and you are offered employment, proof of your eligibility may be required.

Are you legally authorized to work in the United States? \_\_\_\_\_ If offered employment, you will be required to verify.

When are you available to work? \_\_\_\_\_ Are you available for overtime? \_\_\_\_\_

Do you want: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_ Both \_\_\_\_\_ Temp-To-Perm \_\_\_\_\_

Have you done temporary legal work before? \_\_\_\_\_ Where? \_\_\_\_\_

How did you hear of De Novo? Employment Agency \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ School/College \_\_\_\_\_

Referral \_\_\_\_\_ Referral Name \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Have you applied for a position or worked with De Novo Legal in the past? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? If yes, please explain: \_\_\_\_\_

Have you ever been arrested and /or convicted of a crime? If yes, please list arrests and/or convictions (this does not necessarily disqualify an applicant for employment): \_\_\_\_\_

**Please Read Carefully Before Signing:** The above information is true and complete to the best of my knowledge. Should I be employed by De Novo Legal, any misrepresentations or false statements contained herein may be considered cause for immediate dismissal. De Novo Legal has my permission to obtain all necessary information from the professional licensing and educational institutions, employers and references I have listed, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me. I understand that this application does not constitute an employment contract of any kind, and employment is "at-will." Should I be employed by De Novo Legal, I am free to resign at any time, with or without prior notice and De Novo Legal may transfer, reassign, suspend, demote or terminate my employment at any time with or without cause and without prior notice. I understand that no agreement which is contrary to any of the matters stated above shall be effective unless it is in writing and signed by the Chief Executive Officer of De Novo Legal LLC.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Social Security No: \_\_\_\_\_

Please indicate the number of years and months of experience you have in the areas that apply to your background. If you have less than a year of experience, please also indicate that information. Example: 3 months should be written as "0.3"

<p><b><u>Legal Skills</u></b></p> <p>Bate Stamping _____</p> <p>Blue Book _____</p> <p>Cite Checking _____</p> <p>Coding _____</p> <p>Conflict Checking _____</p> <p>Copy Checking _____</p> <p>Data Entry _____</p> <p>Defense Work _____</p> <p>Deposition Digesting _____</p> <p>Docket Clerking _____</p> <p>Document Pulling _____</p> <p>Drafting Memo/Brief _____</p> <p>Editing _____</p> <p>Imaging _____</p> <p>Indexing _____</p> <p>Large Case Mgmt _____</p> <p>Law Library exp _____</p> <p>Legal Research _____</p> <p>Lexis/Nexis _____</p> <p>Loan Closing _____</p> <p>Local Courts Knowledge _____</p> <p>Plaintiff's Work _____</p> <p>Proofreading _____</p> <p>Redlining _____</p> <p>Security Clearance _____</p> <p>Shepardizing _____</p> <p>Taking Depositions _____</p> <p>Title Company Exp _____</p> <p>Trial Experience _____</p> <p>Trial Preparation _____</p> <p>UCC _____</p> <p>Westlaw _____</p> <p>Witness Kits _____</p> <p><b><u>Languages</u></b></p> <p>Arabic _____</p> <p>Bulgarian _____</p> <p>Cantonese _____</p> <p>Chinese _____</p> <p>Danish _____</p> <p>Dutch _____</p> <p>Finnish _____</p> <p>French _____</p> <p>German _____</p> <p>Greek _____</p> <p>Hebrew _____</p> <p>Hindi _____</p> <p>Italian _____</p> <p>Japanese _____</p> <p>Korean _____</p> <p>Mandarin _____</p> <p>Norwegian _____</p> <p>Portuguese _____</p> <p>Romanian _____</p> <p>Russian _____</p> <p>Serbian _____</p> <p>Shanghia _____</p> <p>Spanish _____</p> <p>Swedish _____</p> <p>Turkish _____</p>	<p><b><u>Practice Area</u></b></p> <p>Anti-trust _____</p> <p>Asbestos _____</p> <p>Bankruptcy _____</p> <p>Blue Sky _____</p> <p>Class Action _____</p> <p>Commercial Law _____</p> <p>Compliance _____</p> <p>Constitutional Law _____</p> <p>Construction _____</p> <p>Contract _____</p> <p>Corporate _____</p> <p>Criminal _____</p> <p>Environmental _____</p> <p>ERISA _____</p> <p>Hedge Fund _____</p> <p>Insurance _____</p> <p>Insurance Defense _____</p> <p>Intellectual Property _____</p> <p>Litigation _____</p> <p>M &amp; A _____</p> <p>Product Liability _____</p> <p>Real Estate: _____</p> <p>    Commercial _____</p> <p>    Residential _____</p> <p>Securities _____</p> <p>Tax _____</p> <p>Trusts &amp; Estates _____</p> <p><b><u>IP Practice Area</u></b></p> <p>Computer Science _____</p> <p>Copyright _____</p> <p>IP Licensing _____</p> <p>Patent Prosecution _____</p> <p>Trademark _____</p> <p><b><u>Acts Experience</u></b></p> <p>Patriot Act _____</p> <p>1930's Act _____</p> <p>1940's Act _____</p> <p>Sarbanes-Oxley _____</p> <p>33 Act _____</p> <p>34 Act _____</p>	<p><b><u>Litigation Document Review</u></b></p> <p>Antitrust/Trade _____</p> <p>Bankruptcy _____</p> <p>Commercial / Civil _____</p> <p>Compliance _____</p> <p>Employment &amp; Labor _____</p> <p>Environmental _____</p> <p>Insurance Defense _____</p> <p>Intellectual Property _____</p> <p>Lender Liability _____</p> <p>Malpractice _____</p> <p>Personal Injury _____</p> <p>Product Liability _____</p> <p>Professional Liability _____</p> <p>Securities _____</p> <p>Tax _____</p> <p>Other: _____</p> <p><b><u>Document Review Skills</u></b></p> <p>1st level Doc Review _____</p> <p>Privilege Review _____</p> <p>Privilege Log _____</p> <p>Online _____</p> <p>Manual _____</p> <p><b><u>Document Review Tools</u></b></p> <p>Amici _____</p> <p>Applied Discovery _____</p> <p>Attenex _____</p> <p>Case Central _____</p> <p>Cataphora _____</p> <p>Concordance _____</p> <p>Doc Hunter _____</p> <p>FIOS _____</p> <p>FYI _____</p> <p>GGO _____</p> <p>iConect _____</p> <p>iPro _____</p> <p>JFS _____</p> <p>Kroll _____</p> <p>Lighthouse _____</p> <p>Relativity _____</p> <p>Ring Tail _____</p> <p>Stratify _____</p> <p>Summation _____</p> <p>Zantaz _____</p> <p>Other: _____</p>	<p><b><u>Computer Skills</u></b></p> <p>Access _____</p> <p>Excel _____</p> <p>Outlook _____</p> <p>Powerpoint _____</p> <p>Word _____</p> <p><b><u>Typing Skills</u></b></p> <p>Type &lt;50 wpm _____</p> <p>Type &gt;75 wpm _____</p> <p>Type 50-75 wpm _____</p> <p><b><u>Experience (Non Doc Review)</u></b></p> <p>Large Law Firm (100+) _____</p> <p>Medium Firm (50-100) _____</p> <p>Small Firm (under 50) _____</p> <p>Fortune 500 Company _____</p> <p>Fortune 1000 Company _____</p> <p>Government Agency _____</p> <p><b><u>Hours Per Week</u></b></p> <p>Minimum _____</p> <p>Maximum _____</p> <p><b><u>Availability</u></b></p> <p>Weekends _____</p> <p>Second Shift _____</p> <p>Third Shift _____</p> <p><b><u>Degrees</u></b></p> <p>BA/BS _____</p> <p>Paralegal Certificate _____</p> <p>Master's Degree _____</p> <p>MBA _____</p> <p>Law School _____</p> <p>LLM _____</p> <p>Ph.D. _____</p> <p><b><u>Honors</u></b></p> <p>Cum Laude _____</p> <p>Magna Cum Laude _____</p> <p>Summa Cum Laude _____</p> <p>Law Review _____</p> <p>Top 10% _____</p> <p>Top 25% _____</p> <p><b><u>Bar Admission</u></b> (list states in which you are admitted) _____</p> <p>_____</p> <p><b><u>Patent Bar #</u></b> _____</p> <p><b><u>Notary Public</u></b> (list states in which you are a notary) _____</p> <p>_____</p> <p><b><u>How did you hear about us?</u></b></p> <p>Craigslist _____</p> <p>HotJobs _____</p> <p>Monster _____</p> <p>Referred by _____</p> <p>Recruited _____</p> <p>Other: _____</p>
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De Novo Legal, LLC

150 East 42<sup>nd</sup> Street  
4<sup>th</sup> Floor  
New York, NY 10017  
(212) 905-7500

[www.denovolegal.com](http://www.denovolegal.com)

**RECORDS CONFIRMATION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the Registrar/ records office of  
(Print Name)

\_\_\_\_\_ to confirm the following  
(name of school or institution)

information, either verbally or in writing, to De Novo Legal LLC

Type of degree: \_\_\_\_\_

Conferred on (month/year): \_\_\_\_\_

Type of degree: \_\_\_\_\_

Conferred on (month/year): \_\_\_\_\_

Also known as (Name): \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **HARASSMENT FORM**

De Novo Legal will not tolerate harassment or intimidation of our employees on any legally prohibited basis, including, race, sex, sexual orientation, age, religion, national origin, disability, veteran status or marital status. Any suggestions made to any employee that sexual favors will have an affect on any term or condition of employment with De Novo Legal, will not be tolerated. It is our policy that any harassment, including acts creating a hostile work environment or any other discriminatory acts directed against its employees, will be taken seriously and will result in appropriate discipline, up to and including discharge.

If you are aware of any discriminatory behavior or any activity that may be considered harassment in violation of this policy, it is your responsibility to immediately report this conduct to your De Novo Legal representative or directly to someone of a management position. De Novo Legal will investigate all such claims, with regard to privacy of all individuals involved.

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Print Name

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Signature

---

Date



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**CERTIFICATE OF GOOD STANDING**

I hereby certify that I am an attorney, licensed and active in the following state(s):  
\_\_\_\_\_, and that I hold the following bar number(s):  
\_\_\_\_\_. I further certify that on this date, I am in good standing with  
the above listed state bar(s), and there are currently no actions pending against me. Should my  
bar status change while I am employed with De Novo Legal, or should I be disbarred or revoked  
from any jurisdiction, I agree to notify De Novo Legal immediately.

I understand that disciplinary action by a bar association, or misrepresentation regarding my bar  
status, could result in immediate termination from De Novo Legal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CONFIDENTIALITY AGREEMENT**

This agreement (hereinafter, this "Agreement") is made on \_\_\_\_\_, 2008 by and between DE NOVO LEGAL, LLC, (hereinafter, the "Company"), and **(Print Name)** \_\_\_\_\_ (hereinafter, the "Employee"). In consideration of the promises contained herein, and other good and valuable consideration, including but not limited to the at will employment of the Employee by the Company, the receipt and adequacy of which is hereby acknowledged, the Company and Employee agree as follows.

1. **Confidential Information.** In order for the Company reasonably to protect its interests against the use of any of the Company's confidential information, Employee covenants that he or she will not at any time communicate or disclose to any person or use for Employee's account any information, observations, data, written materials, records and documents or other information concerning the business or affairs of the Company, or the business or affairs of any supplier or client of the Company (all of the foregoing are hereinafter referred to as "Confidential Information"). Employee acknowledges that the Confidential Information is the sole property of the Company. Employee acknowledges that all confidential information, including any originals and copies, whether in hardcopy or electronic form, shall at all times remain the property of the Company and shall not be copied, published or distributed. Employee hereby agrees to preserve the confidentiality of any and all information that they view or have access to view.

2. **Client Information.** Employee will be reviewing material provided by the Company's client (hereinafter "Client") during the course of their at will employment. Employee covenants that he or she will not at any time communicate or disclose to any person any information, observations, data, written materials, records and documents or other information pertaining to, relating to and/or provided by the Client. Employee covenants that they will apply an attorney-client privilege to any and all material they review.

3. **Duty to Support.** Commencing on the date hereof and continuing for a period which terminates two years after termination of the employment relationship, Employee agrees not to take any action, or make any statement, which could reasonably be expected to harm or be contrary to the best business interests of the Company, its licensees, or any of their respective directors, officers and employees, specifically and without limiting the foregoing.

4. **Remedies; Setoff.** Employee hereby agrees that the scope and time period of the foregoing covenants are reasonable and necessary to protect the Company's investment in its business. Employee hereby agrees that in the event he or she violates any of the provisions of this Agreement, the Company will be entitled, if it so elects, (a) to institute and prosecute proceedings at law or in equity to obtain damages with respect to such violation or to enjoin Employee from engaging in any activity in violation hereof, and (b) to recover all of its reasonable expenses, including attorneys' fees, incurred in addressing such violation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).



**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 - 877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 - 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 - 877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 - 202-720-7051

# 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 #
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> 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 - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is 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	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

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