

VALOR TECHNOLOGIES, INC. APPLICATION FOR EMPLOYMENT

- | | |
|---|------------------|
| <input type="checkbox"/> E-Verify Performed: _____ | Status: _____ |
| <input type="checkbox"/> Criminal Background Check: _____ | Status: _____ |
| <input type="checkbox"/> New Hire Performed: _____ | Hire Date: _____ |

NAME AND ADDRESS								
Social Security No:			Date of Birth:		Email Address:			
Full Name:				Home Phone:				
Full Mailing Address (Street, City, State, Zip Code):					Cell Phone:			
Ethnicity:	Caucasian	African American	Hispanic	Asian American	Native American	Gender:	Male	Female

1. Are you over 18? Yes () No ()
2. Do you have any relatives employed by Valor Technologies, Inc.? Yes () No ()

If yes, please list name _____

3. Have you ever been convicted of a criminal offense? Yes () No ()
(An affirmative answer will not automatically disqualify you from being considered as an applicant for employment)

If yes, please note the date, place and nature of offense: _____

MILITARY HISTORY					
Have you had previous military experience:			Yes () No ()		
If yes, what country and Branch of Service?					
Date of Entry:		Separation:		Highest Rank Attained?	
Honorable Discharge?			Yes () No ()		

DRIVING HISTORY / LOCAL UNION			
Do you have a driver's license?		Yes () No ()	
Driver's License No:			
Do you have a State I.D. Card?		Yes () No ()	
State I.D. Card No:			
Do you belong to a local union?		Yes () No ()	Number: _____

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EDUCATION / TRAINING HISTORY				
Do you have a high school diploma () or a GED () (check one)				
Name of School and Location		Graduated?		Degree Received
High School:		Yes ()	No ()	
College:		Yes ()	No ()	
Graduate Work:				
Professional Certifications/Licenses:				
Other Training (Significant job-related training)				

REFERENCES	
Please submit individuals as work-related or professional references	
Name: Address: Phone No:	What is your work/professional relationship?
Name: Address: Phone No:	What is your work/professional relationship?
Name: Address: Phone No:	What is your work/professional relationship?

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EMPLOYMENT HISTORY		
Name of Employer:		Employer's Address:
Kind of Business:		Supervisor's Name and Phone Number:
From (Month/Year)	To (Month/Year)	Reason for Leaving:
Duties:		

Next Prior Employment		
Name of Employer:		Employer's Address:
Kind of Business:		Supervisor's Name and Phone Number:
From (Month/Year)	To (Month/Year)	Reason for Leaving:
Duties:		

Next Prior Employment		
Name of Employer:		Employer's Address:
Kind of Business:		Supervisor's Name and Phone Number:
From (Month/Year)	To (Month/Year)	Reason for Leaving:
Duties:		

**VALOR TECHNOLOGIES, INC.
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Direct Deposit Authorization Form

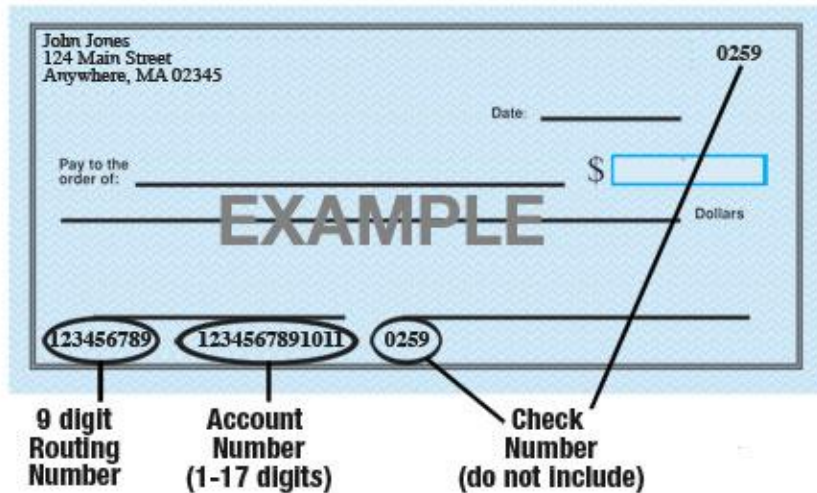
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

Social Security: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a copy of a voided check for the bank account to which funds should be deposited.

Valor Technologies, Inc is hereby authorized to directly deposit my pay to the account listed above by initiating credit entries to my account. In the event deposit funds are erroneously entered into my account, I am authorizing a debit to my account for an amount not to exceed the original amount of the erroneous credit. This authorization will remain in effect until I modify or cancel it in writing.

It is also my responsibility to supply a change in bank account information in a timely manner. If it is not provided on time it may take an additional 3 to 5 business days for the money to be properly deposited.

Employee Signature: _____

Date: _____

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APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Valor Technologies, Inc. (Valor) is true, complete and correct.

I expressly authorize, without reservation, Valor, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding Valor, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Valor does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, State or Federal law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Valor is authorized to make any assurances to the contrary and that no implied oral or written agreement(s) contrary to the foregoing express language are valid unless they are in writing and signed by Valor's president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authorization to work in the United States of America and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration of employment, or (2) may result in my immediate discharge from Valor's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: _____

NOTICE TO APPLICANTS

Valor is an equal employment opportunity employer. We adhere to a policy of making employment decisions with regard to race, sex, national origin, sexual orientation, age, disability, veteran status or religion. We assure you that your opportunity for employment with Valor depends solely upon your qualifications. Valor complies with the American's With Disabilities Act of 1990, as amended. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All entering employees in the same job category will be subject to the same medical questionnaire and/or examination, if required, and all information will be kept confidential and in separate files.

Signature of Applicant: _____

Date: _____

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DRUG AND/OR ALCOHOL TESTING CONSENT FORM

I hereby agree, upon a request made under the drug/alcohol testing policy of Valor Technologies, Inc. (Valor), to submit to a drug and/or alcohol test and to furnish a sample of my urine, breathe, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under Valor policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have Valor and/or its company physician send the specimen(s) so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any/all documentation relating to such test to Valor and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Valor to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Valor officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Valor and any testing laboratory Valor might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Valor or the laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I further hold harmless Valor, its company physician, and any testing laboratory Valor might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test(s) or policy, they will be answered.

I UNDERSTAND THAT VALOR WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Applicant: _____ Date: _____

Applicant's Name Printed: _____

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CERTIFICATE OF WORKER'S RELEASE

In consideration of my employment with Valor Technologies, Inc. (Valor) in connection with the removal and disposal of asbestos, or other work in asbestos-contaminated work areas, the undersigned does hereby acknowledge, warrant, represent, covenant, and agree as follows:

1. I acknowledge and understand that I have been or will be employed in connection with the removal of, disposal of, or other treatment to, asbestos or other work in asbestos-contaminated work areas, and I acknowledge that I have been advised of and I understand the dangers inherent in handling asbestos and breathing asbestos dust including, but not limited to, **THE FACT THAT ASBESTOS CAN CAUSE ASBESTOSIS AND IS A KNOWN CARCINOGEN AND CAN; THEREFORE, CAUSE VARIOUS TYPES OF CANCER.**
2. I acknowledge and understand that **ANY CONTACT WITH ASBESTOS, WHETHER IT CAN BE SEEN OR NOT, MAY CAUSE ASBESTOSIS AND VARIOUS FORMS OF CANCER, WHICH MAY NOT SHOW UP FOR MANY YEARS, AND I covenant and agree faithfully to take all precautions required of me.**
3. I knowingly assume all risks in connection with potential exposure to asbestos and I do hereby, for myself and my heirs at law, release and forever discharge Valor, its representatives, consultant(s), independent testing laboratory or engineers employed by Valor, Valor's representatives, consultant(s), and all of their directors, officers, employees, nominees, personal representatives, affiliates, successors, and assigns from and against any and all liability whatsoever, at common law or otherwise, except any rights which the undersigned may have under the provisions of the applicable workmen's compensation laws. Except as specifically set forth herein, I hereby waive and relinquish any and all claims of every nature, which I now have or may have or claim to have, which are in any way directly or indirectly related to exposure to asbestos and asbestos-containing materials.
4. I hereby warrant and represent that I have not been disabled, laid-off, or compensated in damages or otherwise because of the disease of asbestosis.
5. I acknowledge and understand that Valor, its representatives, consultant(s), independent testing laboratory or engineers employed by Valor, Valor's representatives, consultant(s) and their consultants, employees, agents and servants have relied upon the expertise of the contractor for removal, handling and disposal of asbestos-containing materials on any project.

I agree that I will, at all times, take all safety precautions set out by Valor including, but not limited to, the use of respirators; clothing; and cleaning procedures.

6. **WORKING WITH ASBESTOS CAN BE DANGEROUS; INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.**
7. **RESPIRATORY PROTECTION:** I have been trained in the proper use of respirators and informed of the type of respirator to be used on any Valor project. I have a copy of the written respiratory protection manual issued by Valor. I have been equipped with the respirator to be used on any Valor project.
8. **TRAINING COURSE:** I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust in the proper work procedures and personal and area protective measures. The topics covered in the course included: physical characteristics of asbestos; health hazards associated with

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asbestos; respiratory protection; use of protective equipment; negative air systems; work practices, including hands-on or on-the-job training; personal decontamination procedures; and air monitoring, personnel and area protective measures.

I have successfully completed an asbestos training course as outlined in the Illinois Department of Public Health's Asbestos Abatement Act & Rules and Regulations Section 855.300 (C and D) and have received my asbestos license.

9. MEDICAL EXAMINATION: I have had a medical examination with the last 12 months. This examination included: health history, pulmonary function test, and may have included an evaluation of a chest X-ray.
10. I UNDERSTAND THIS DOCUMENT FULLY. I have received a copy of this document and signed it at my own free act.
11. I have successfully completed an asbestos training course as outlined in the Illinois Department of Public Health's Asbestos Abatement Act & Rules and Regulations Section 855.300 (C and D) and have received my asbestos license.

Signature: _____

Date: _____

Printed Name: _____

Social Security Number: _____

Asbestos License Number: _____

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
 I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. **1** _____
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. **2** _____
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. **3** _____
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **4** _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older. I am legally blind.
 My spouse is 65 or older. My spouse is legally blind.

- 5 Enter the total number of boxes you checked. **5** _____
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. **6** _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. **7** _____
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. **8** _____
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **9** _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____-
Social Security number

Name

Street address

_____-_____-_____-
City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). **1** _____
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). **2** _____
- 3 Enter the additional amount you want withheld (deducted) from each pay. **3** _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

- (a) Multiply the number of qualifying children under age 17 by \$2,200 **3(a)** \$
- (b) Multiply the number of other dependents by \$500 **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here **3** \$

Step 4: Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of
employment

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 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)
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Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code
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Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number
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I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. An alien authorized to work until (exp. date, if any) _____

If you check Item Number 4., enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)
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If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Document Title 2 (if any)	Additional Information
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.	First Day of Employment (mm/dd/yyyy):
--	---------------------------------------

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.