



# Aurora Public Schools District 4R

300 L Street, Aurora, NE 68818

Phone: 402-694-6923 Fax: 402-694-5097

[www.aurorahuskies.us](http://www.aurorahuskies.us)

## APPLICATION FOR EMPLOYMENT

Please type or Print in ink only

Aurora Public School ("School District") District 4R is an Equal Opportunity Employer. We consider applicants for all jobs without regard to race, color, sex, pregnancy, national origin, marital status, disability, religion, age (40 years of age or older), or any other legally protected status. Applicants who need a reasonable accommodation to complete this application may contact the HR Director for assistance. The Title IX Coordinator is Mr. Jeff Sutter, who may be contacted in person, by mail, by telephone, or by electronic mail at 300 L Street, Aurora, NE 68818, 402-694-6968, or jsutter@4rhuskies.org.

Position Applied For \_\_\_\_\_

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

Last Name	First Name	Middle Initial
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Present Address (Number and Street)	City	State	Zip
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Telephone Number(s): Home ( )	Cell ( )
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\*Email Address: \_\_\_\_\_

(Required)

### CERTIFICATION OF MINIMUM EMPLOYMENT QUALIFICATIONS

- I am a high school graduate or hold a GED
- I can understand and follow verbal directions
- I can understand and follow written directions
- I have not been convicted of a crime involving physical or sexual abuse
- I can, after being hired, verify my legal right to work in the United States

**If you have checked all the boxes above, please continue to the second page  
If any box above is unchecked, please submit the application now.**

Have you ever been employed with us before?  Yes  No

If yes, provide date(s) \_\_\_\_\_ to \_\_\_\_\_  
and Department \_\_\_\_\_

Are you under 18 years of age?  Yes  No

If you are under the age of 18, you may need to supply the School District a work permit or limit our hours to those permitted by law.

May we contact your current employer?  Yes  No

Have you ever been terminated from employment?  Yes  No

Have you ever been notified of possible cancellation, termination or non-renewal of employment?  
 Yes  No

*If yes, please explain the circumstances:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever resigned to avoid being notified of possible cancellation, termination or non-renewal of your employment?  Yes  No

*If yes, please explain the circumstances:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a complaint filed against you with the Professional Practices Committee of the Nebraska Department of Education?  Yes  No

*If yes, please explain the circumstances and outcome:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify days and hours for which you are available: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

If the job you are applying for requires a valid driver's license, please complete the information below:

**Number:** \_\_\_\_\_ **State** \_\_\_\_\_ **Regular** \_\_\_\_\_ **CDL** \_\_\_\_\_

Do you have any relatives presently employed by the School District?  Yes  No

If yes, give names, divisions and relationship: \_\_\_\_\_

Are you willing to work overtime, if required?  Yes  No

Are you willing to work different shifts, if required?  Yes  No

IT IS THE POLICY OF THE SCHOOL DISTRICT TO CONDUCT A CRIMINAL HISTORY RECORD INFORMATION CHECK FOR ALL APPLICANTS AFTER THE SCHOOL DISTRICT MAKES A DETERMINATION THAT THE APPLICANT IS QUALIFIED FOR EMPLOYMENT AND PRIOR TO THE APPLICANT'S FIRST DATE OF EMPLOYMENT WITH THE SCHOOL DISTRICT. If selected as a final candidate, you will be required to disclose your criminal history or record. Convictions are not an automatic bar from employment, but will be considered as part of the totality of your suitability. You will not be required to disclose any offense for which the record has been sealed. The School District will not ask you to disclose the contents or details of any sealed records or that any sealed records exist.

**EMPLOYMENT EXPERIENCE**

**Start with your current or last job and complete the information below.  
(Attach additional sheets if necessary)**

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<b>Employer/Organization Name</b>	<b>Address (Street, City, State, Zip)</b>
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Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<b>Employer/Organization Name</b>	<b>Address (Street, City, State, Zip)</b>
-----------------------------------	---

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<b>Employer/Organization Name</b>	<b>Address (Street, City, State, Zip)</b>
-----------------------------------	---

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Summarize nature of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Employer/Organization Name</b>	<b>Address (Street, City, State, Zip)</b>
Employed From: _____ To: _____	Job Title: _____
Supervisor: _____	Supervisor Phone No: _____
Starting Wage: _____ Ending Wage: _____	Reason for Leaving: _____
Summarize nature of work performed: _____	
_____	
_____	

Have you served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give dates of military service:    From _____ To _____
Branch _____
Summarize nature of work performed: _____
_____
Are you claiming veterans' preference? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, a copy of your DD Form 214 must be attached to this application. Veterans who obtain passing scores on all parts or phases of an examination shall have five percent added to their passing score if a claim for such preference is made on the application. An additional five percent shall be added to the passing score of any disabled veteran.

**EDUCATIONAL BACKGROUND**

(Attach additional sheets if necessary)

_____ High School Name & Location	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> (Mark highest grade completed)						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Community College</td> <td style="width:33%;">School / Location</td> <td style="width:33%;">Course of Study</td> </tr> <tr> <td>Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><b>Degree:</b> _____</td> </tr> </table>		Community College	School / Location	Course of Study	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree:</b> _____
Community College	School / Location	Course of Study					
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree:</b> _____					
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Trade School	School / Location	Course of Study					
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree:</b> _____					
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College / University	School / Location	Course of Study					
Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Degree:</b> _____					
Seminars / Other	Please describe						
_____							

## ***SPECIAL SKILLS***

Computer Skills (please explain your level of proficiency below):

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Use the space below to summarize other relevant experience, skills, background, training and qualifications that you feel make you especially suited for work with the School District.

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## ***REFERENCES***

**(List three individuals familiar with your work ability. Do not include relatives.)**

<b>Name</b>	<b>Address (Street, City, State, Zip)</b>	<b>Phone No.</b>	<b>Relationship to Person</b>
<b>Name</b>	<b>Address (Street, City, State, Zip)</b>	<b>Phone No.</b>	<b>Relationship to Person</b>
<b>Name</b>	<b>Address (Street, City, State, Zip)</b>	<b>Phone No.</b>	<b>Relationship to Person</b>

## **APPLICANT'S STATEMENT**

I certify that answers given in this application are true and complete to the best of my knowledge. I understand that false, misleading or omitted information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***CONSENT TO PROVIDE EMPLOYMENT HISTORY  
TO PROSPECTIVE EMPLOYERS***

I, \_\_\_\_\_ (applicant), consent to any and all of my former employers to provide information regarding my employment to any prospective employer(s) who contact them.

I consent to the disclosure of the following information about me by any and all of my former employers:

1. Date and duration of employment;
2. Pay rate and wage history on the date of receipt of this consent;
3. Job description and duties;
4. The most recent written performance evaluation prepared prior to the date of the request for information and provided to me during the course of my employment;
5. Attendance information;
6. Results of drug or alcohol tests administered within one year prior to the request for information;
7. Threats of violence, harassing acts, or threatening behavior related to the workplace or directed at another employee;
8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation; and
9. Whether I am eligible for rehire.

The consent is valid for six months from the date of my signature below.

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

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

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

**DRUG FREE WORKPLACE**

The following Position Statement on a Drug Free Workplace has been adopted by the Board of Education of the Aurora Public Schools. (Policy 4116.25)

1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance during working hours is prohibited by any personnel of the Aurora Public Schools. The use of such substances by the personnel of the Aurora Public Schools during working hours poses a danger to the students and other school personnel.
  
2. Prohibited drug activity on school premises or at any school sponsored activity or event by Aurora Public School personnel shall include engaging in the unlawful possession, selling, dispensing of look alike drugs, controlled substances, or alcoholic liquor. Look alike drugs are those drugs which are not controlled substances but are represented as such. Personnel who are guilty of drug abuse violations in the workplace shall be given a list of agencies for drug counseling and rehabilitation. Employees of the Aurora Public Schools shall have appropriate personnel action taken against them, up to and including termination in the event of drug use, as defined herein, on school premises or at any school sponsored activity or event.
  
3. Employee(s) of the Aurora Public Schools shall have available to them a copy of this policy relating to a drug-free work environment. It shall be a condition of employment with the District that all employees abide by the terms of this policy. Any employee of the Aurora Public Schools shall notify the administration of any criminal drug statute conviction for violation occurring in the workplace no later than five (5) days after such conviction. Within thirty (30) days of receiving notice from an employee of the Aurora Public Schools who has been convicted of any criminal drug statute occurring in the workplace, appropriate personnel action against such employee, up to and including termination, or requiring such employee, at the employee's expense, to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement or other appropriate agency shall occur.

***I have read and understand the Drug-Free Workplace Requirements of Aurora Public Schools Policy.***

**Signature of Applicant:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

# Criminal History Disclosure and Acknowledgment and Authorization For Criminal Background Check

## Criminal History Disclosure

Have you been convicted of a felony or misdemeanor in the last seven years?     **Yes**     **No**

(Convictions do not necessarily bar you from employment, but will be considered as part of the totality of your suitability. You are not obligated to disclose any offense for which the record has been sealed. The School District is not asking you to disclose the contents or details of any sealed records or that any sealed records exist.)

If yes, please explain: \_\_\_\_\_

## Acknowledgment and Authorization for Criminal Background Check

As a condition of my candidacy for employment with the School District, I understand that the School District will conduct a criminal background check for employment purposes.

By signing this Acknowledgment and Authorization, I authorize the Aurora Public School District, or any other company authorized by the School District, to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the School District, or any other company authorized by the Aurora Public School District, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this Acknowledgment and Authorization.

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

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*Email: \_\_\_\_\_  
(Required)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Driver's License Number and State: \_\_\_\_\_

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



### Consumer Reports Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee, contractor or volunteer, or for any other business need as defined by Section 604 of the Fair Credit Reporting Act.

Reports may include consumer credit, criminal convictions, motor vehicle, social media and other reports. These reports may include information as to your character, general reputation, personal characteristics, work habits, performance, mode of living, education and experience along with reasons for termination of employment from previous employers. Further understand that we may be requesting information for various Federal, State and other agencies which maintain records concerning your past activities relating to your driving, credit, criminal, civil and other experiences.

(Applicant: Please retain for your records)





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity 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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**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		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative <b>VAUGHT</b>		First Name of Employer or Authorized Representative <b>KIMBERLY</b>	Employer's Business or Organization Name <b>Aurora Public Schools</b>	
Employer's Business or Organization Address (Street Number and Name) <b>300 L Street</b>		City or Town <b>Aurora</b>	State <b>NE</b>	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**