

# Raylynn Joyce

New Orleans, LA 70126  
[minnieex2@gmail.com](mailto:minnieex2@gmail.com)  
+1 504 638 5941

Willing to relocate: Anywhere

## Work Experience

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Employment Eligibility Verification USCIS  
Department of Homeland Security Form I-9  
OMB No. 1615-0047  
U.S. Citizenship and Immigration Services Expires 10/31/2022

►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)

Joyce Raylynn N/A N/A

Address (Street Number and Name) Apt. Number City or Town State ZIP Code

14765 Chef Menteur Hwy Apt 907 New Orleans LA 70129

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Number

05/29/1999 4 3 7 - 9 9 - 3 5 9 9 raylynnjoyce990@gmail.com 5046385941

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):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number):

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. (See instructions)

QR Code - Section 1

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: Do Not Write In This Space

An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

Signature of Employee Today's Date (mm/dd/yyyy)

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

Form I-9 10/21/2019

Form I-9 Supplement, USCIS

Section 1 Preparer and/or Translator Certification Form I-9

Supplement

Department of Homeland Security OMB No. 1615-0047

U.S. Citizenship and Immigration Services Expires 10/31/2022

Last Name (Family Name) First Name (Given Name) Middle Initial

Employee Name:

Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator

assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in

the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State ZIP Code

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.

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Form I-9 Supplement 10/21/2019