## WORKFORCE INNOVATION AND OPPORTUNITY ACT CITIZENSHIP/ELIGIBLE NONCITIZEN STATUS AUTHORIZATION TO WORK

For individuals to participate in Workforce Innovation and Opportunity Act programs, they must be authorized to work in the United States. Please complete the following form, choosing one item from **List A**, or one item from **List B** and one item from **List C**.

Print Name: Last	First	MI	Maiden Name	
Date of Birth (month/day/year)  Social Security Number				
	All documents must be unexpired		<u> </u>	
LIST A	LIST B		LIST C	
Documents That Establish Both	Documents That Establish Identity	Documents T	That Establish Employment	
Identity and Employment Eligibility	•		Eligibility	
OR		AND	<i>.</i>	
	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  ID Card issued by federal, state, or local government agencies or entities, provided i contains a photograph or information such name, date of birth, gender, height, eye color and address  School ID Card with a photograph  Voter Registration Card  US Military Card or Draft Record  Military Dependent's ID Card  US Coast Guard Merchant Mariner Card  Native American Tribal Document  Driver's License issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:  School record or report card  Clinic, doctor, or hospital record  Day care or nursery school record	than one the issuance of employme  Certificate Department FS-545 or as or Certification the Depart (Form DS-100) Certificate municipal United State Mative Ammunicipal United State Citizen in A letter of Department (human trate Department (human t	on of Report of Birth issued by ment of Homeland Security (1350)  To certified copy of a birth issued by a state, county, authority, or territory of the tes bearing an official seal erican Tribal Document  ID Card (INS Form I-197)  On Card for use of Resident the United States (Form I-179)  certification issued by the part of Health and Human Services officking)  Int authorization document issued by the part of Homeland Security art of UI screen Current Claim  etter  Eligibility through TAA	
		Expedited	Eligibility through RESEA	
CERTIFICATION				
I certify that the information stated above is true and accurate, and understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination or penalties as specified by law.				
Job Seeker Signature	Date			
Workforce Solutions Office Staff Signature	Print Name	Da		
Manager/Reviewer Signature	Print Name	Da	ite.	