



Employer Name: _____ Date of Issue: _____

Address: _____

Attention Employer: This certificate is issued in compliance with the Immigration and Nationality Act (Pub. L. 82-414), as amended by the Immigration Reform and Control Act of 1986 (Pub. L. 99-603), and pursuant to the authority of 8 C.F.R. 274a.6. You are not required to verify the identity or employment eligibility of the individual listed below. This form may be used instead of the Immigration and Naturalization Service Form I-9. This form and supporting documentation must be retained in the same manner and for the same period as the Form I-9 (i.e., for three years after the date of hire or one year after the individual's employment is terminated, whichever is later).

| | | | |
|---|--------------|--------------------------------------|-------------------|
| Name: Last | First | Middle | Birth Name |
| _____ | | | |
| Date of Birth (Month / Day / Year) _____ | | Social Security Number: _____ | |
| Job Order #: _____ | | For the Position of: _____ | |

Documents submitted to verify employment eligibility:

| | |
|---|---|
| Document From List: (Circle One) A B C | Document From List: (Circle One) A B C |
| Document Name: _____ | Document Name: _____ |
| Document #: _____ | Document #: _____ |
| Expiration Date: _____ | Expiration Date: _____ |

I have determined that, to the best of my knowledge, the individual referred is authorized to work in the United States subject to any restrictions, conditions, expiration dates or other limitations noted herein. Are there any restrictions, conditions, or limitations to this individual's authorization to work in the United States: Yes No If yes, specify: _____

| | | |
|--|---|------------------------------|
| Name and Signature of Department or Regional Workforce Board Staff: | Regional Workforce Board and Center: | Date (Month/Day/Year) |
| | | |

Notice to Employer: This certificate must be signed by the referred individual, in the presence of the employer, upon receipt of the form.

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that the federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with the certificate.

| | |
|---|------------------------------|
| Name and Signature of Applicant: | Date (Month/Day/Year) |
| | |

Counterfeiting, falsification, unauthorized issuance or alteration of this certificate is a violation of federal law pursuant to Title 18, U.S.C. 1546.

DEO Form 516 INS (Rev. 7/2021)
Previous editions may NOT be used

Florida Department of Economic Opportunity | Caldwell Building | 107 E. Madison Street | Tallahassee, FL 32399
850.245.7105 | www.FloridaJobs.org
www.twitter.com/FLDEO | www.facebook.com/FLDEO

An equal opportunity employer/program. Auxiliary aids and service are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TTD equipment via the Florida Relay Service at 711.