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**SENSITIVE BUT UNCLASSIFIED****Case Verification Number: 2016209132936TG**

Report Prepared: 07/27/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Ali

First Name: Abdl

Date of Birth: 01/01/1984

Social Security Number: \*\*\* \*\* 1358

Hire Date: 07/27/2016

Citizenship Status: A lawful permanent resident

**Document Information**

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List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 212537399

Card Number: LIN1690527271

Document Expiration Date:

**Case Status Information**

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Current Case Result: DHS Verification In Process

Employer Case ID:

Case Submitted On: 07/27/2016

Case Submitted By: LYAN0374

**SENSITIVE BUT UNCLASSIFIED**

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For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

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[U.S. Department of Homeland Security](#)[U.S. Citizenship and Immigration Services](#)[Enable Permanent Tooltips](#)[Accessibility](#)[Download Viewers](#)



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶ START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Ali</u>		First Name (Given Name) <u>Abdi</u>		Middle Initial <u>A</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>1825 Eliotaven S.</u>			Apt. Number <u>303</u>	City or Town <u>MINNEAPOLIS</u>		State <u>MN</u>
Zip Code <u>55404</u>		Date of Birth (mm/dd/yyyy) <u>05-05-1984</u>	U.S. Social Security Number <u>062-51-1358</u>	E-mail Address		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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 212537399
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>Abdi Ali</u>	Date (mm/dd/yyyy): <u>07-27-2014</u>
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion 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



**Employer Completes Next Page**



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1: Ali, Aaji A

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Permanent Resident Receipt</u>		Document Title:		Document Title:
Issuing Authority: <u>USCIS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>LJN 169 05 272 71</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write In This Space**

**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): 07/27/2016 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>07/27/2016</u>	Title of Employer or Authorized Representative <u>Staffing Coordinator</u>	
Last Name (Family Name) <u>Yaraj</u>		First Name (Given Name) <u>La Hona</u>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT**

NOTICE TYPE <b>Receipt</b>		NOTICE DATE <b>March 25, 2016</b>
CASE TYPE <b>I-485, Application to Register Permanent Residence or Adjust Status</b>		USCIS ALIEN NUMBER <b>A212537399</b>
RECEIPT NUMBER <b>LIN1690527271</b>	RECEIVED DATE <b>March 21, 2016</b>	PAGE <b>1 of 1</b>
PRIORITY DATE	PREFERENCE CLASSIFICATION	DATE OF BIRTH <b>January 01, 1984</b>

ABDI A. ALI  
1825 ELLIOT AVENUE SOUTH APT 303  
MINNEAPOLIS, MN 55404      5 000094



**PAYMENT INFORMATION:**

Application/Petition Fee: \$0.00  
Biometrics Fee: \$0.00  
Total Amount Received: \$0.00  
Total Balance Due: \$0.00

**NAME AND MAILING ADDRESS**

The above case has been received by our office and is in process.

Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: [www.uscis.gov](http://www.uscis.gov).

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service center.

You will be notified separately about any other case you may have filed.

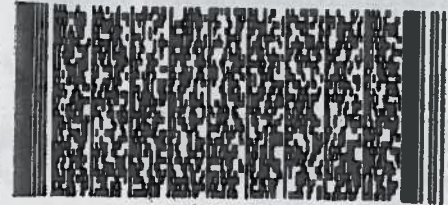
**USCIS Office Address:**  
USCIS  
Nebraska Service Center

**USCIS Customer Service Number:**  
(800)375-5283

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

<b>ASC Appointment Notice - APPLICANT COPY</b>		APPLICATION/PETITION/REQUEST NUMBER LIN1690527271	NOTICE DATE 04/22/2016
CASE TYPE I485 - APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS	SOCIAL SECURITY NUMBER	USCIS A# A212 537 399	CODE 3
ACCOUNT NUMBER	TCR	SERVICE CENTER NSC	PAGE 1 of 1

ABDI ABIB ALI  
1825 ELLIOT AVENUE SOUTH APT 303  
MINNEAPOLIS MN 55404



To process your application, petition, or request, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics. **PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED. IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED.**

**APPLICATION SUPPORT CENTER**  
USCIS ST PAUL  
1105 University Avenue W Suite 102  
St Paul MN 55104

**PLEASE READ THIS ENTIRE NOTICE CAREFULLY.**  
**DATE AND TIME OF APPOINTMENT**  
05/13/2016  
12:00PM

**WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:**  
1. **THIS APPOINTMENT NOTICE** and  
2. **PHOTO IDENTIFICATION.** Naturalization applicants must bring their Alien Resident Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, you will not be fingerprinted.

**CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.**

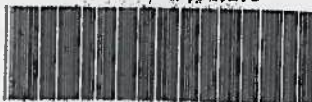
**NOTE:** USCIS will use your fingerprints to check the criminal history records of the FBI. You may obtain a copy of your own FBI identification record using the procedures outlined within Title 28 C.F.R., Section 16.32. The procedures to change, correct, or update your FBI identification record are outlined within Title 28, C.F.R., Section 16.34.

**NOTE:** If the USCIS ASC is closed due to inclement weather or for other unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available appointment date and mail you a notice with the new date and time.

**REQUEST FOR RESCHEDULING**

Please reschedule my appointment. Once USCIS receives your request, you will be sent a new appointment notice. Make a copy of this notice for your records, then mail the original with your request to BPU, Alexandria ASC, Suite 100, 8850 Richmond Hwy, Alexandria, VA 22309-1586

APPLICATION NUMBER  
I485 - LIN1690527271



BIOMETRICS PROCESSING STAMP  
SC SITE CODE  
BIOMETRICS QA REVIEW BY [Signature] MAY 13 2016  
FINGERPRINTS QA REVIEW BY [Signature] MAY 13 2016  
ON

If you have any questions regarding this notice, please call 1-800-375-5283.

**WARNING:** Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with such activities.