



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) Sharian		First Name (Given Name) Abdul		Middle Initial G	Other Names Used (if any)	
Address (Street Number and Name) 62 Pearl Ave			Apt. Number	City or Town Lackawanna	State NY	Zip Code 14218
Date of Birth (mm/dd/yyyy) 10-18-1994	U.S. Social Security Number 057-84-6608	E-mail Address abdulsharian@gmail.com			Telephone Number (716) 533-9063	

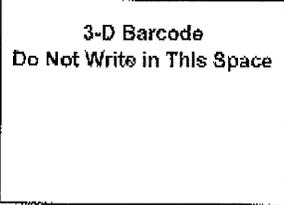
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): _____
- 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:

- Alien Registration Number/USCIS Number: _____
- OR**
- 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:	Date (mm/dd/yyyy): 06-21-15
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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

STOP Employer Completes Next Page **STOP**



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: Sharian, Abdulrahman G.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>Certificate of Live Birth</u>
Issuing Authority:		Issuing Authority: <u>New York State</u>		Issuing Authority: <u>New York State Department of Health</u>
Document Number:		Document Number: <u>804-808-014</u>		Document Number: <u>10453024</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>10/18/2015</u>		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): 06/21/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>06/21/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>		
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
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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NEW YORK STATE

Executive Deputy Commissioner of Motor Vehicles



Sharian Abdulrahman, Gamal

UN
DER
NT
LEARNER PERMIT
ID: 884 808 614 CLASS DJ
SHARIAN
ABDULRAHMAN, GAMAL
62 PEARL AVE
LACKAWANNA NY 14218
DOB: 10-18-94
SEX: M EYES: BR HT: 5-05
F: NONE
R: NONE
ISSUED: 01-26-11 EXPIRES: 10-18-10 LPR027F307

New York State Department of Health
CERTIFICATE OF LIVE BIRTH

Recorded District
1451
Register Number
2488

1A. Name: <i>First</i> Abdul Rahman		1B. Medical Record No.: 104553029		2A. Date of Birth: Oct. 10, 1994		2B. Hour: 04:10PM	
3A. Sex: Male		4A. Birth is: Single		5. Place of Birth: Hospital			
6A. Family Name: Hilliaru-Tillmore Health		6B. Locality: Town of Amherst		6C. County of Birth: Erie			
7A. Maiden Name: <i>First</i> Fouziyah		7B. Date of Birth: 06/15/1977		7C. City and State of Birth: Yemen Arab Republic		7D. Social Security No.: 120-82-2297	
8A. Residence, State: New York		8B. County: Erie		8C. Locality: City of Lackawanna		8D. If City or Village is Residence Within City or Village Limits? (If not, specify town) Yes	
8E. Street and Number of Residence: 98 Holland Avenue Apt. 2		8F. Zip Code: 14218		8G. Zip Code: 14218		8H. Zip Code: 14218	
8I. Mailing Address: (if different from above) 98 Holland Avenue Apt. 2 Lackawanna, NY		9A. Name: <i>First</i> Gamal		9B. Date of Birth: 08/10/1969		9C. City and State of Birth: Lackawanna, NY	
9D. Name: <i>Middle</i> Shaw		9E. Name: <i>Last</i> Sharif		9F. Date Signed: 12/7/94		9G. Name of Certifier, if not Attendant:	
10A. I certify that the stated information concerning this child is true to the best of my knowledge and belief.		10B. Date Signed: 12/7/94		10C. Name of Certifier, if not Attendant:		10E. License Number: 117452	
10D. Attendant's Name: <i>First</i> Sharifa Fazili		10E. Title: M.D.		10F. Zip Code: 14209		10G. Zip Code: 14209	
10F. Attendant's Mailing Address: 436 LINWOOD AVE., BFLD, NY		11B. Date Filed: 12/16/94		11C. Information Added or Amended: Reason:		11D. Date Amended: Month Day Year	
11A. Signature of the Registrar: <i>Lawrence E. Muehlenberg</i>		11B. Date Filed: 12/16/94		11C. Information Added or Amended: Reason:		11D. Date Amended: Month Day Year	

NOTE: If yes is checked there is a consent form signed by the mother in the hospital record.

May the newspapers be furnished with notice of this birth? Yes No

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 07/08/2015
Page: 1 of 1

Case Verification Number: 2015189115025LN

Case Information:

Employee Information:

Last Name:	Sharian	First Name:	Abdulrahman
Middle Initial:	G	Other Names Used:	
Social Security Number:	*** ** 6608	Date of Birth:	10/18/1994
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	New York
Driver's License or ID Card Number:		Document Expiration Date:	10/18/2015
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	07/08/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	07/08/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:

Submitted By:	Submitted On:
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Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

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