



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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) ODOL		First Name (Given Name) Achar		Middle Initial O	Other Last Names Used (if any)	
Address (Street Number and Name) 1125 MARK COURT			Apt. Number 1C	City or Town NEWPORT		State MN ZIP Code 55055
Date of Birth (mm/dd/yyyy) 11/25/1985	U.S. Social Security Number 7443-47-1896		Employee's E-mail Address		Employee's 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 boxes):

<input type="radio"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="radio"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="radio"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input checked="" type="checkbox"/> 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)	

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: **212-780-815**
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee AS	Today's Date (mm/dd/yyyy) 11/4/19
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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 AA Odol Abella		Today's Date (mm/dd/yyyy) 11/4/19	
Last Name (Family Name) AA Odol Abella		First Name (Given Name) Achar ATULU AA	
Address (Street Number and Name) AA 118833 90th St S		City or Town AA Cottage Grove	State MN ZIP Code 55016 AA

STOP Employer Completes Next Page STOP



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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <i>Choi</i>	First Name (Given Name) <i>HChan</i>	M.I. <i>O</i>	Citizenship/Immigration Status <i>4</i>
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title <i>Employment Authorization</i>		Document Title		Document Title
Issuing Authority <i>United States Citizenship and Immigration</i>		Issuing Authority		Issuing Authority
Document Number <i>212-80-85</i>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <i>08/01/2020</i>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Expiration Date (if any)(mm/dd/yyyy)				

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): *01/04/2019* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <i>01/04/2019</i>	Title of Employer or Authorized Representative <i>Recruiter</i>
Last Name of Employer or Authorized Representative <i>Fickett</i>	First Name of Employer or Authorized Representative <i>Fachel</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7480 FLYING CLOUD DRIVE SUITE 200	City or Town EDEN PRAIRIE	State MN
		ZIP Code 55344

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

IML 11/11/18 25 NOV 1985

Surname

ODOL

Given Name

ACHAN O

USCIS#

212-780-815

Category Code

A03

LIN1819150726

Country of Birth

Ethiopia

Terms and Conditions

None

Date of Birth

25 NOV 1985

Sex

F

Valid From

09/02/18

Valid Through

08/01/20

Fingerprint
not
available

NOT VALID FOR REENTRY TO U.S.

