E-Verify

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017235122014TR

Report Prepared: 08/23/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Robles

First Name: Amanda

Date of Birth: 10/15/1987

Social Security Number: *** ** 6077

Hire Date: 08/23/2017

Citizenship Status: A citizen of the United States

Document Information

List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: 488528420

Document Expiration Date: 10/07/2023

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08/23/2017

Case Submitted By: KSIK1977

SENSITIVE BUT UNCLASSIFIED

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)*	First Name *(Given Name)*	Middle Initial	Other Last Names Used *(if any)*
Robles	Amanda	P	N/A

Address *(Street Number and Name)*	Apt. Number	City or Town	State	ZIP Code
2015 41st St NW	H-25	Rochester	MN	55901

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
10/15/1987	462-89-6077	N/A	(713) 894-8004

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):

- ☒ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States *(See instructions)*
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A
  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: N/A

OR

2. Form I-94 Admission Number: N/A

OR

3. Foreign Passport Number: N/A

Country of Issuance: N/A

QR Code - Section 1
Do Not Write In This Space

Signature of Employee	Today's Date *(mm/dd/yyyy)*
A Robles	8/23/17

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	Today's 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

Employment Eligibility Verification

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U.S. Citizenship and Immigration Services

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

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)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status
	Robles	Amanda	P	1

List A OR Identity and Employment Authorization	List B AND Identity	List C Employment Authorization
Document Title: U.S. Passport	Document Title: N/A	Document Title: N/A
Issuing Authority: U.S. Department of State	Issuing Authority: N/A	Issuing Authority: N/A
Document Number: 488528420	Document Number: N/A	Document Number: N/A
Expiration Date *(if any)(mm/dd/yyyy)*: 10/07/2023	Expiration Date *(if any)(mm/dd/yyyy)*: N/A	Expiration Date *(if any)(mm/dd/yyyy)*: N/A
Document Title: N/A		
Issuing Authority: N/A		
Document Number: N/A		
Expiration Date *(if any)(mm/dd/yyyy)*: N/A		
Document Title: N/A		
Issuing Authority: N/A		
Document Number: N/A		
Expiration Date *(if any)(mm/dd/yyyy)*: N/A		

Additional Information

QR Code - Section 2
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)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Kelsey Sikkink	8/23/17	Client Services Manager

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Sikkink	Kelsey	Employer Solutions Staffing Gr

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
7480 Flying Cloud Dr	Eden Prairie	MN	55344

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

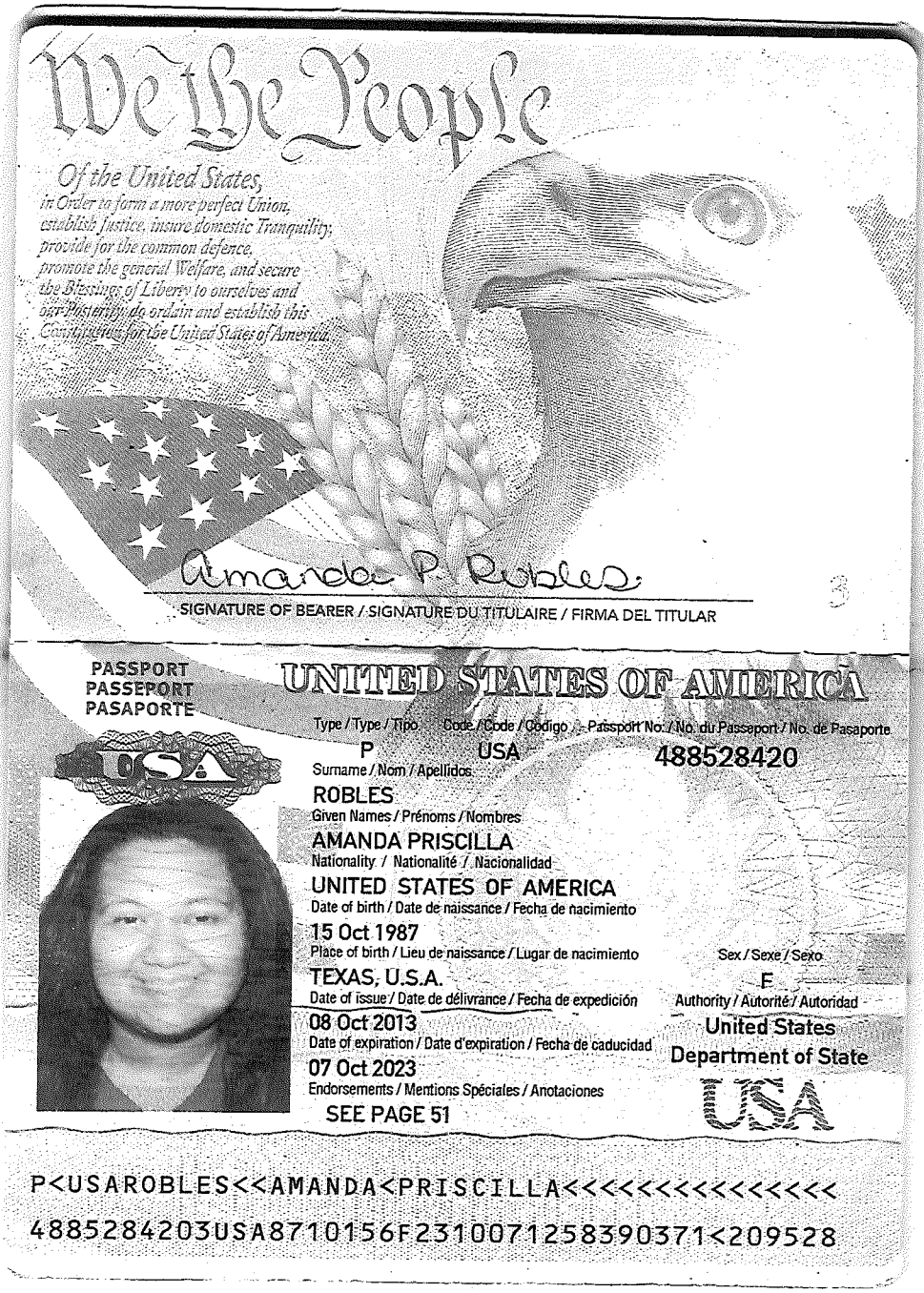
A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

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)*

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


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
Amanda P. Robles
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
488528420
Surname / Nom / Apellidos
ROBLES
Given Names / Prénoms / Nombres
AMANDA PRISCILLA
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
15 Oct 1987
Place of birth / Lieu de naissance / Lugar de nacimiento
TEXAS, U.S.A.
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
08 Oct 2013
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
07 Oct 2023
Endorsements / Mentions Spéciales / Anotaciones
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USA
P<USAROBLES<<AMANDA<PRISCILLA<<<<<<<<<<<<<<
4885284203USA8710156F2310071258390371<209528

EMPLOYER SOLUTIONS STAFFING GROUP
BACKGROUND CHECK AUTHORIZATION

Employee Name: Amanda Priscilla Robles
(First) (Middle) (Last)

Former Name(s) and Dates Used: ~~507 P~~

Current Address Since: 2015 41st ST NW # #25 Rochester MN 55901
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: 507 Lakeview ST Pineville LA 71360
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: 1711 James Bowie Dr #810 Baytown TX 77520
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: 462-89-6077 DOB: 10/15/87

Phone Number: 713-894-8004

Driver's License Number/State: 24101714 | TX

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: A. Robles Date: 8/23/17

Notice to CA, MN, and OK Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
☒ ***I wish to receive a copy of any Background Check Report on me that is requested.***

DRUG AND ALCOHOL
TESTING CONSENT FORM

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

A. Rosales
Individual's Name

8/23/17
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6

CMG

Preliminary Questions

For CMG use only

Name: Mandy Robles

Date: 8/23/17

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? ~~Alpa~~ open
5. What shift to you prefer? open

To be completed during or after interview

Date of interview 8/23

Have you ever been convicted of a crime? Yes____ No X

Explain
Incident_____

Employee Signature Mandy Robles

Interviewer Signature Kelly Arellano


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
Amanda P. Robles
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
488528420
Surname / Nom / Apellidos
ROBLES
Given Names / Prénoms / Nombres
AMANDA PRISCILLA
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
15 Oct 1987
Place of birth / Lieu de naissance / Lugar de nacimiento
TEXAS, U.S.A.
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
08 Oct 2013
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
07 Oct 2023
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51
USA
P<USAROBLES<<AMANDA<PRISCILLA<<<<<<<<<<<<<<<
4885284203USA8710156F2310071258390371<209528

Employee Photo Release Form

I, Amanda, agree to let Reichel Foods use my picture for internal security purposes. I also agree to submit a written request to Reichel Foods if/when I wish my photo be removed from the company database.

Employee Signature Name: Mandy Robles

Date: 8/23/17