



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) Valencia		First Name (Given Name) Anna		Middle Initial L	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 10701 Cedar Ave			Apt. Number 211	City or Town Bloomington		State CA
Date of Birth (mm/dd/yyyy) 06/13/1960		U.S. Social Security Number 546-49-2271		Employee's E-mail Address N/A		Employee's Telephone Number 909 982-1025

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 checked="" type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):	N/A
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<i>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.</i>	
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 <u>Anna L. Valencia</u> <small>Anna L. Valencia (s) 26-0517</small>	Today's Date (mm/dd/yyyy) Jun 26, 2017
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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			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



Employer Completes Next Page





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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) <u>Valencia</u>	First Name (Given Name) <u>Ann</u>	M.I. <u>L</u>	Citizenship/Immigration Status <u>US Citizen</u>
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List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title <u>CA Driver license</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>State of CA</u>	Issuing Authority <u>SSA</u>
Document Number	Document Number <u>N9034145</u>	Document Number <u>546-49-2271</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>06/13/2020</u>	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		
Issuing Authority		
Document Number		
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): 07/05/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date(mm/dd/yyyy) <u>07/12/2017</u>	Title of Employer or Authorized Representative <u>Executive Assistant</u>	
Last Name of Employer or Authorized Representative <u>Findley</u>	First Name of Employer or Authorized Representative <u>Andrea</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)			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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CALIFORNIA DRIVER LICENSE



DL N9034145

EXP 06/13/2020

LN VALENCIA

FN ANNA LOUISA

10701 CEDAR AVE APT 211
BLOOMINGTON, CA 92316

DOB 06/13/1960

RSTR NONE

CLASS C
END NONE

06131960

Anna Louisa Valencia

SEX F HAIR BRN EYES BRN
HGT 5'-03" WGT 195 lb ISS
DD 05/21/201565732/CCFD/20 05/21/2015

SOCIAL SECURITY

546-49-2271

THIS NUMBER HAS BEEN ESTABLISHED FOR

ANNA LOUISA
VALENCIA

Anna Louisa Valencia

SIGNATURE

USA 12/07/2012



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017193141608GW

Report Prepared: 07/12/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Vajencia

First Name: Anna

Date of Birth: 06/13/1960

Social Security Number: *** ** 2271

Hire Date: 07/05/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: California

Driver's License or ID Card Number:

Document Expiration Date: 06/13/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 07/12/2017

Case Submitted By: AFIN3846

Closed On: 07/12/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED