



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) Nienow		First Name (Given Name) Bernice		Middle Initial L	Other Last Names Used (if any)	
Address (Street Number and Name) 21046 County RD 39			Apt. Number	City or Town St Charles	State MN	ZIP Code 55972
Date of Birth (mm/dd/yyyy) 03/24/1947	U.S. Social Security Number 4 7 0 - 5 4 - 8 6 6 4		Employee's E-mail Address		Employee's Telephone Number (507) 932-3139	

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	QR Code - Section 1 Do Not Write In This Space 
<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): <u>N/A</u>	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> 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: <u>N/A</u> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>N/A</u> Country of Issuance: <u>N/A</u>	

Signature of Employee <i>Bernice L. Nienow</i>	Today's Date (mm/dd/yyyy) <u>11-8-2017</u>
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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) Nienow	First Name (Given Name) Bernice	M.I.	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Social Security Administration
Document Number N/A		Document Number H938059722720		Document Number 470-54-8664
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 03/24/2020		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </div>		
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				

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): 11/08/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Findley</i>		Today's Date(mm/dd/yyyy) <u>11/08/2017</u>	Title of Employer or Authorized Representative Executive Assistant	
Last Name of Employer or Authorized Representative Findley	First Name of Employer or Authorized Representative Andrea	Employer's Business or Organization Name Corporate Management Group, LLC		
Employer's Business or Organization Address (Street Number and Name) 12000 N. Washington St. Suite 350		City or Town Thornton	State CO	ZIP Code 80241

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

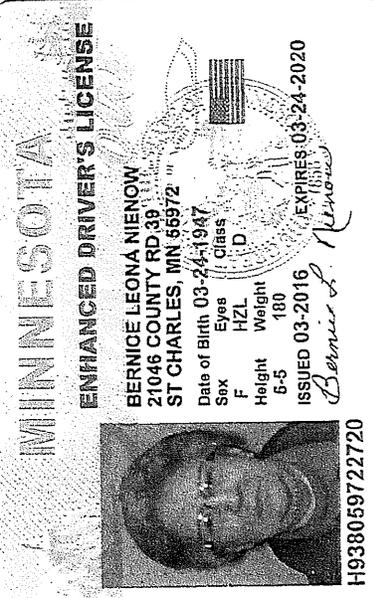
A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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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Safeguard your social security card and use it according to the instructions on this holder.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CARRY

THIS CARD WITH YOU

YOUR SOCIAL SECURITY CARD

WHAT TO DO WITH YOUR CARD

FILE-

THIS STUB IN A SAFE PLACE AS A RECORD OF YOUR NUMBER

470-54-8664

[SOCIAL SECURITY ACCOUNT NUMBER]

Bernice L. Nienow
817 West Center
Rochester, Minn. 55901

SIGNATURE *Bernice Nienow*

FOR SOCIAL SECURITY AND TAX PURPOSES - NOT FOR IDENTIFICATION

- SIGN YOUR NAME on both cards.
- REMOVE THE TOP CARD and carry it in your wallet or purse, or keep it where it will be handy.
- LEAVE THE BOTTOM STUB attached to this holder and keep it with your other important papers such as birth certificate, insurance policies, etc.
- FOR IMPORTANT INFORMATION, SEE OVER



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017312160121LS

Report Prepared: 11/08/2017

Company Information

Company ID: 31504

Company Name: Corporate Management Group, INC.

Employee Information

Last Name: Nienow

First Name: Bernice

Date of Birth: 03/24/1947

Social Security Number: *** ** 8664

Hire Date: 11/08/2017

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: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 03/24/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/08/2017

Case Submitted By: AFIN1933

Closed On: 11/08/2017

Closed By: AFIN1933

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

SENSITIVE BUT UNCLASSIFIED