



# 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) Olivas		First Name (Given Name) Bobby		Middle Initial J	Other Names Used (if any)	
Address (Street Number and Name) 2184 S Everett St			Apt. Number	City or Town Lakewood		State cO
Zip Code 80227		Date of Birth (mm/dd/yyyy) 11/15/1993	U.S. Social Security Number 522-91-5867	E-mail Address Bobbyolivas303@gmail.com		Telephone Number 3033508831

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):

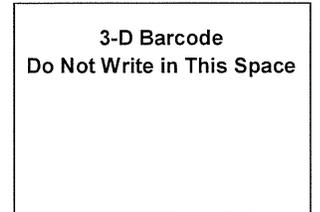
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. 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: Bobby	Date (mm/dd/yyyy): Nov 5, 2015
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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.

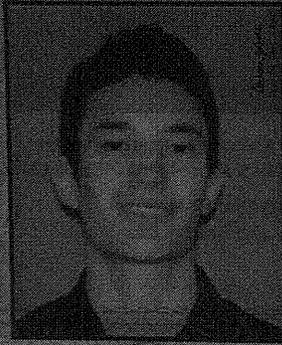
Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



Employer Completes Next Page



Colorado  
Driver License



09-168-0795 Expires: 11-15-2019  
Class: R Issued: 12-03-2014  
End: DOB: 11-15-1993  
Rest: Previous Type: M  
Ht: 5'06" Wt: 135 Eyes: BRO Sex: M

*Bobby Joseph Olivas Jr.*

BOBBY JOSEPH OLIVAS JR  
2184 S EVERETT ST  
LAKEWOOD, CO 80227

# SOCIAL SECURITY

522-91-5867

THIS NUMBER HAS BEEN ESTABLISHED FOR

BOBBY JOSEPH OLIVAS JR

*Bobby Joseph Olivas Jr.*

SIGNATURE

**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:

Olivas, Bobby J., JR.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: Colorado		Issuing Authority: Social Security Administration
Document Number:		Document Number: 09-108-0795		Document Number: 522-91-5867
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 11/15/2019		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): 11/05/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Caitlin Scholl</i>		Date (mm/dd/yyyy) 11/05/2015	Title of Employer or Authorized Representative Admin. Assistant	
Last Name (Family Name) Scholl		First Name (Given Name) Caitlin	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

**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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SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2015314142344WP**

Report Prepared: 11/10/2015

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Olivas

First Name: Bobby

Date of Birth: 11/15/1993

Social Security Number: \*\*\* \*\* 5867

Hire Date: 11/10/2015

Citizenship Status: A citizen of the United States

**Document Information**

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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: Colorado

Driver's License or ID Card Number:

Document Expiration Date: 11/15/2019

**Case Status Information**

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Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/10/2015

Case Submitted By: CSCH4411

SENSITIVE BUT UNCLASSIFIED