



**Case Verification Number: 2017088111608VQ**  
Report Prepared: 08/22/2017

**SENSITIVE BUT UNCLASSIFIED**

**Company Information**

Company ID: 47428

Company Name: Employer Solutions Staffing Group

**Employee Information**

Last Name: Oshiro

Date of Birth: 08/09/1973

Hire Date: 08/22/2017

First Name: Oshiro

Social Security Number: \*\*\*-\*\*-9102

Citizenship Status: A lawful permanent resident

**Document Information**

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-688)

Alien Number: 201670837

Card Number: M2C1820402250

Document Expiration Date:

**Case Status Information**

Current Case Result: Employment Authorized

Case Submitted On: 08/22/2017

Employer Case ID:

Case Submitted By: 0216822

**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. Employees 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) <b>CASIANO</b>		First Name (Given Name) <b>OLIVERIA</b>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <b>7802 HERMINGWAY AVE</b>			Apt. Number <b>3</b>	City or Town <b>COTTAGE GROVE</b>		State <b>MN</b>
Date of Birth (mm/dd/yyyy) <b>08/02/1973</b>	U.S. Social Security Number <b>100-08-3102</b>		Employee's E-mail Address <b>olivia584@gmail.com</b>		ZIP Code <b>55016</b>	Employee's Telephone Number <b>651-410-0088</b>

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): **204 673 687**
- 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: \_\_\_\_\_
  - OR
  - 2. Form I-94 Admission Number: \_\_\_\_\_
  - OR
  - 3. Foreign Passport Number: \_\_\_\_\_
- Country of issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write in This Space

Signature of Employee: **Oliveria Casiano** Today's Date (mm/dd/yyyy): **02/28/2017**

**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 preparer(s) and/or translator(s) 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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USCIS  
 Form I-9  
 OMB No. 1615-0047  
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**Section 2. Employer or Authorized Representative Review and Verification**  
 (Employers or their authorized representatives 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 on listed on the Table of Acceptable Documents.)

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
				Lawful Permanent Resident

<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title USA Permanent Res.		Document Title <del>MN DL</del>		Document Title USA Perma.
Issuing Authority USA		Issuing Authority <del>State of MN</del>		Issuing Authority
Document Number 204-673-687		Document Number <del>793626978718</del>		Document Number
Expiration Date (if any) (mm/dd/yyyy) 05-30-2023		Expiration Date (if any) (mm/dd/yyyy) <del>09-02-2018</del>		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		OR 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): 03-29-2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative Shelly Glasby	Today's Date (mm/dd/yyyy) 03-29-2017	Title of Employer or Authorized Representative Recruiter
Last Name of Employer or Authorized Representative Glasby	First Name of Employer or Authorized Representative Shelly	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 KILINA	State MIN
		ZIP Code 55439

**Section 3. Reverification and Notice** (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) Date (mm/dd/yyyy)

B. If the employee's previous grant of employment authorization has expired, provide the information for the document of 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

UNITED STATES OF AMERICA

PERMANENT RESIDENT

COSTA RICAN

Country of Birth  
**CARIBBEAN**

Given Name  
**OLIVERIO**

USCIS ID  
**00 073 001**

Country of Birth  
**CARIBBEAN**

Issued Date  
**02 AUG 1973**

Card Expires  
**08/00/25**

Resident Since  
**08/00/73**

Category  
**E-1**

Sex  
**M**

Card Expires  
**08/00/25**

Resident Since  
**08/00/73**



*Oliverio Caribbean*



