



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017101091952BF

Report Prepared: 04/11/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Grant

First Name: Chelsea

Date of Birth: 03/19/1991

Social Security Number: *** ** 4969

Hire Date: 03/31/2017

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: U.S. birth certificate (original or certified copy)

Document Name: Driver's license

Document State: North Carolina

Driver's License or ID Card Number:

Document Expiration Date: 03/19/2024

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 04/11/2017

Case Submitted By: AFIN3846

Closed On: 04/11/2017

Closed By: AFIN3846

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

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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) Grant		First Name (Given Name) Chelsea		Middle Initial L	Other Last Names Used (if any) Wickland	
Address (Street Number and Name) 11536 Heather St NW			Apt. Number N/a	City or Town Coon Rapids		State MN
ZIP Code 55433		Date of Birth (mm/dd/yyyy) 03/19/1991	U.S. Social Security Number 471-23-4969	Employee's E-mail Address Chelseag31991@gmail.com		Employee's Telephone Number 763-367-0823

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): <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>

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 <u>Chelsea Linda Grant</u> <small>Chelsea Linda Grant (Mar 27, 2017)</small>	Today's Date (mm/dd/yyyy) <u>Mar 27, 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) <u>Grant</u>	First Name (Given Name) <u>Chelsea</u>	M.I. <u>L.</u>	Citizenship/Immigration Status <u>US Citizen</u>
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization

Document Title	Document Title <u>NC Driver License</u>	Document Title <u>Birth Certificate</u>
Issuing Authority	Issuing Authority <u>State of NC</u>	Issuing Authority <u>State of MN</u>
Document Number	Document Number <u>000041305396</u>	Document Number <u>1991-MN-008954</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>03/19/2024</u>	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Additional Information </div> <div style="width: 35%; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div> </div>	
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): 03/31/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date(mm/dd/yyyy) <u>04/11/2017</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 Employer Solutions Staffing Group	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr. Suite 200	City or Town Eden Prairie	State MN	ZIP Code 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)
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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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DRIVER LICENSE

J. C. 5/19/91

03/19/1991
03/19/2024

000041305396

GRANT
CHELSEA LINDA

2498 HWY 53 W
ELIZABETHTOWN, NC 28337



CLASS C 9a END NONE

12 RESTR NONE

15 SEX F 18 EYES GRN

16 HGT 5'-05" 19 HAIR BRO RACE

4a ISS 04/03/2017

5 DD 0018806883

03/19/91

Chelsea Grant

STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

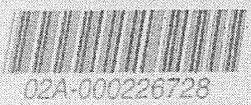
STATE FILE NUMBER 1991-MN-008954

FULL NAME CHELSEA LINDA ZULKOSKY
DATE OF BIRTH MARCH 19, 1991
TIME 23:56 PM
PLURALITY SINGLE (1)
SEX FEMALE
PLACE OF BIRTH MERCY HOSPITAL, COON RAPIDS
COON RAPIDS ANOKA MINNESOTA
PARENT CORI ANN ZULKOSKY
NAME PRIOR TO FIRST MARRIAGE ZULKOSKY
DATE OF BIRTH AUGUST 02, 1973
PLACE OF BIRTH MINNESOTA
PARENT JOSEPH THOMAS LAMBRIGHT
DATE OF BIRTH JUNE 15, 1972
PLACE OF BIRTH CALIFORNIA

ANY AMENDMENT MADE PRIOR TO 09/08/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
10458388



FILED APRIL 02, 1991

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED FEBRUARY 08, 2017 ANOKA COUNTY - VITAL STATISTICS

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



