



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) Cramer		First Name (Given Name) Chris		Middle Initial L	Other Last Names Used (if any) N/A
Address (Street Number and Name) 7441 Twin Valley Terrace			Apt. Number N/A	City or Town Colorado Springs	State CO ZIP Code 80925
Date of Birth (mm/dd/yyyy) 05/15/1972	U.S. Social Security Number 446743047 - [][][][][][]	Employee's E-mail Address Habey72@gmail.com		Employee's Telephone Number 719-304-6433	

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 <small>Chris Cramer Jan 24, 2018</small>	Today's Date (mm/dd/yyyy) <u>Jan 24, 2018</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 N/A		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) Cramer	First Name (Given Name) Christopher	M.I. L	Citizenship/Immigration Status US Citizen
List A Identity and Employment Authorization		List B Identity		List C Employment Authorization

Document Title	Document Title OK Driver License	Document Title Birth Certificate
Issuing Authority	Issuing Authority State of OK	Issuing Authority State of TX
Document Number	Document Number K080880557	Document Number 142-72-127204
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 06/30/2021	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	QR Code - Section 2 Do Not Write In This Space 	
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): **01/29/2018** (See instructions for exemptions)

Signature of Employer or Authorized Representative Andrea Findley	Today's Date (mm/dd/yyyy) 02/08/2018	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	
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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Oklahoma

Driver License

Lic. No. **K080880557**
DOB: **05/15/1972**
Exp: **06/30/2021**
End: **NONE**

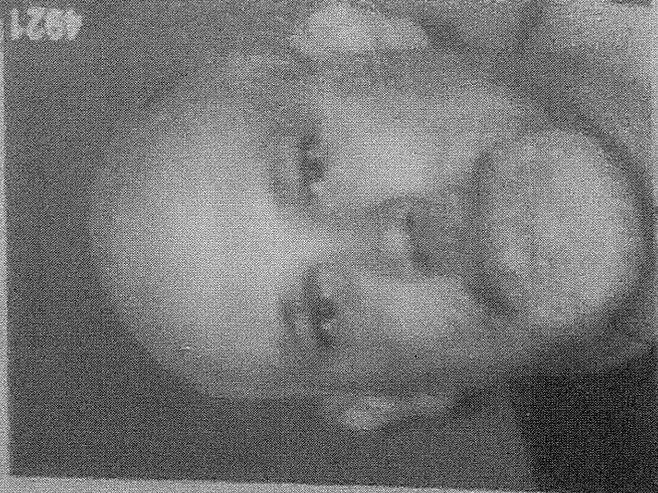
Original
Class: **D**
Exp: **06/05/2017**
Restr: **NONE**

**CRAMER,
CHRISTOPHER LEE**
**216 N MAYES
LOCUST GROVE, OK 74352-0000**

Christopher Lee Cramer

Sex: **M** Height: **5'00"** Weight: **200 lb** Eyes: **HAZ**

4921



Christopher Lee Cramer

K080880557

DL

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF TEXAS
COUNTY OF HEMPHILL

TEXAS DEPARTMENT OF HEALTH
REC'D - AUG 20 1972
BUREAU OF VITAL STATISTICS

142-12-12720A

CERTIFICATE OF BIRTH

1. NAME OF CHILD: **HEMPHILL**
 2. SEX: **MALE**
 3. DATE OF BIRTH: **18** **SEAS** **1972**
 4. PLACE OF BIRTH: **HEMPHILL COUNTY HOSPITAL**
 5. CITY OR TOWN: **HEMPHILL**
 6. COUNTY: **HEMPHILL**
 7. STATE: **TEXAS**
 8. DATE OF DEATH: **MAY 15, 1972**
 9. PLACE OF DEATH: **CAUC.**
 10. CAUSE OF DEATH: **CATTLE INDUSTRY**
 11. OCCUPATION: **LABORER**
 12. MOTHER: **REBECCA LEE CRAMER**
 13. FATHER: **CHRISTOPHER LEE CRAMER**
 14. MOTHER'S MARRIAGE: **OKLAHOMA**
 15. FATHER'S MARRIAGE: **OKLAHOMA**
 16. MOTHER'S BIRTH: **HEMPHILL TEXAS**
 17. FATHER'S BIRTH: **HEMPHILL TEXAS**
 18. REGISTERED: **5-18-72**
 19. SIGNATURE: **Rebecca Lee Cramer**
 20. SIGNATURE: **Christopher Lee Cramer**
 21. SIGNATURE: **Myrtle Anderson by Walter H. Hensel**
 22. SIGNATURE: **Richard J. Quinn**



This is a true and correct reproduction of the original record as recorded in this office, issued under authority of Section 801.05 (b) of the Health Code.

ISSUED 05/11/72

Richard J. Quinn
DEPUTY DIRECTOR



ANY ALTERATION OR ERASURE VIOLATES THE STATUTE



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2018039122709QW

Report Prepared: 02/08/2018

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Cramer

First Name: Christopher

Date of Birth: 05/15/1972

Social Security Number: *** ** 3047

Hire Date: 01/29/2018

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: Oklahoma

Driver's License or ID Card Number:

Document Expiration Date: 06/30/2021

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/08/2018

Case Submitted By: AFIN3846

Closed On: 02/08/2018

Closed By: AFIN3846

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

SENSITIVE BUT UNCLASSIFIED