



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017324135713LZ**

Report Prepared: 11/20/2017

**Company Information**

Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

Last Name: Chuailong

First Name: Chonticha

Date of Birth: 07/16/1990

Social Security Number: \*\*\* \*\* 4046

Hire Date: 11/20/2017

Citizenship Status: A lawful permanent resident

**Document Information**

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 212479000

Card Number: LIN1790095191

Document Expiration Date:

**Case Status Information**

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/20/2017

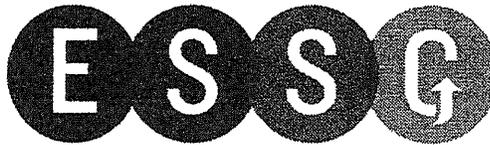
Case Submitted By: KRIT7027

Closed On: 11/20/2017

Closed By: KRIT7027

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

SENSITIVE BUT UNCLASSIFIED



employer solutions staffing group, inc.

# New Hire Application

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name Chuailong First Name Chonticha Middle Initial na  
 Street Address 307 Cottage Avenue West Apt/Ste 105  
 City/State/Zip Saint Paul, MN 55117 Social Security Last Four XXX-XX-  
 Phone Number 6515282804 Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 Staffing Agency/Recruitment Partner cmg

**All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.**

Are you legally authorized to work in the United States of America?  YES  NO

### Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Chonticha Chuailong Chonticha Chuailong (Nov 20, 2017) Nov 20, 2017  
 Name (Print or type) Applicant's Signature Date

**A copy or facsimile ("fax") will be considered the same as an original signature. Email will ONLY be used for employment correspondence**

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	Unemployment Letter (If applicable) _____	ESC Application _____
For ESSG Client Use				
DOH _____	ROP _____	Work Site Loc. _____		WC Code _____



**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) <b>Chuailong</b>		First Name (Given Name) <b>Chonticha</b>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <b>307 cottage Ave W</b>			Apt. Number <b>105</b>	City or Town <b>St. Paul</b>		State <b>MN</b>
Date of Birth (mm/dd/yyyy) <b>07-16-1990</b>		U.S. Social Security Number <b>071-69-4046</b>		Employee's E-mail Address		Employee's Telephone Number <b>651-528-2804</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):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <b>212-479-000</b>
<input type="checkbox"/> 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 <b>Chonticha</b>	Today's Date (mm/dd/yyyy) <b>11-20-17</b>
---	--

**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 <b>SAY</b>		Today's Date (mm/dd/yyyy) <b>11-20-17</b>	
Last Name (Family Name) <b>SAY</b>		First Name (Given Name) <b>Par Yei</b>	
Address (Street Number and Name) <b>305 cottage Ave W #302</b>		City or Town <b>St. Paul</b>	State <b>MN</b>
		ZIP Code <b>55117</b>	

STOP **Employer Completes Next Page** STOP