



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017093102533NK

Report Prepared: 04/03/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: clinton

Date of Birth: 11/02/1982

Hire Date: 04/03/2017

First Name: jacqueline

Social Security Number: *** ** 8594

Citizenship Status: A citizen of the United States

Document Information

List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: 537935774

Document Expiration Date: 10/19/2025

Case Status Information

Current Case Result: Employment Authorized

Case Submitted On: 04/03/2017

Employer Case ID:

Case Submitted By: SGLA6832

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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) <i>Clinton</i>		First Name (Given Name) <i>Jacqueline</i>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <i>8271 brunswick avn</i>			Apt. Number	City or Town <i>brooklyn Park mn</i>		State <i>mn</i>
Date of Birth (mm/dd/yyyy) <i>11/02/1982</i>	U.S. Social Security Number <i>212-31-4599</i>		Employee's E-mail Address <i>Jcsweet82@yahoo.com</i>		ZIP Code <i>55443</i>	
			Employee's Telephone Number			

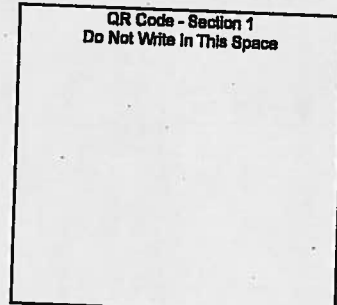
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): _____
- 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: _____



Signature of Employee *Jacquie Clinton* Today's Date (mm/dd/yyyy) *01/03/2017*

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 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 "List of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Clinton	First Name (Given Name) Jacqueline	M.I.	Citizenship/Immigration Status US Citizen
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Passport Issuing Authority USA Document Number 537335774 Expiration Date (if any)(mm/dd/yyyy) 10-29-2025		Document Title Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy)		Document Title SSC Issuing Authority SSA Document Number 212-31-6594 Expiration Date (if any)(mm/dd/yyyy)
Document Title Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy)		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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)				
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): 04-03-2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Shelby</i>		Today's Date(mm/dd/yyyy) 04-03-2017	Title of Employer or Authorized Representative Recruiter	
Last Name of Employer or Authorized Representative Clasby		First Name of Employer or Authorized Representative Shelby	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.)

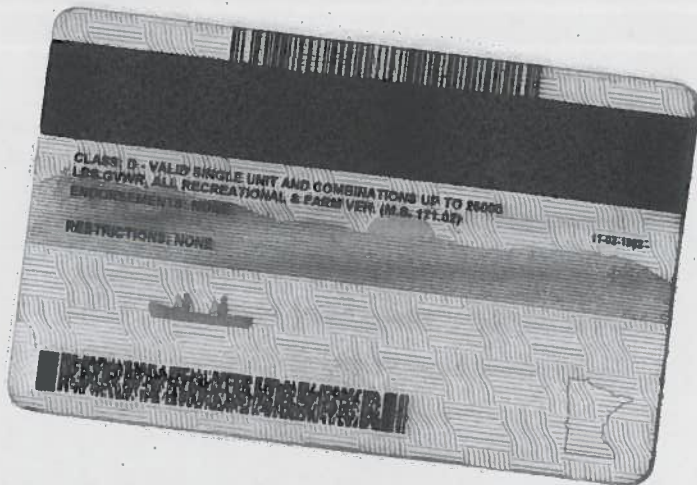
A. New Name (if applicable)			
Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) Date (mm/dd/yyyy)

Q. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuous 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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This card is the official verification of your Social Security number.
Please sign it right away. Keep it in a safe place.
Improper use of this card or number by anyone is punishable by fine,
imprisonment or both.
This card belongs to the Social Security Administration and you must
return it if we ask for it.
If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008
For any other Social Security business/information, contact your
local Social Security office. If you write to the above address for any
business other than returning a found card, it will take longer for us
to answer your letter.
Social Security Administration
Form SSA-3000 (6-99)

E31423792

MINNESOTA
DRIVER'S LICENSE



JACQUELINE CLINTON
8271 BRUNSWICK AVE N
BROOKLYN PARK, MN 55443

Date of Birth 11-02-1982
Sex: F Eyes: BRN Class: D
Height: 4-11 Weight: 134

ISSUED 04-2016 EXPIRES 11-02-2019

Jacqueline Clinton

N034115253907

SOCIAL SECURITY

212-31-4596

THIS NUMBER HAS BEEN ESTABLISHED FOR
JACQUELINE CLINTON

Jacqueline Clinton
SIGNATURE