



**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

**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.")*

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b> Thaddeus	<b>First Name (Given Name)</b> Ulrich	<b>M.I.</b> M	<b>Citizenship/Immigration Status</b> Citizen
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List A  
Identify and Employment Authorization
OR
List B  
Identity
AND
List C  
Employment Authorization

<b>Document Title</b>	<b>Document Title</b> Drivers license	<b>Document Title</b> Social Security card
<b>Issuing Authority</b>	<b>Issuing Authority</b> State of Georgia	<b>Issuing Authority</b> SSA
<b>Document Number</b>	<b>Document Number</b> DS093197B	<b>Document Number</b> 389-SB-4224
<b>Expiration Date (if any)(mm/dd/yyyy)</b>	<b>Expiration Date (if any)(mm/dd/yyyy)</b> 04/16/2025	<b>Expiration Date (if any)(mm/dd/yyyy)</b> N/A

<b>Document Title</b>	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>Additional Information</b></p> </div> <div style="border: 1px solid black; padding: 5px; width: 50%; margin-left: auto; margin-right: auto;"> <p align="center">QR Code - Sections 2 &amp; 3 Do Not Write In This Space</p> </div>	
<b>Issuing Authority</b>		
<b>Document Number</b>		
<b>Expiration Date (if any)(mm/dd/yyyy)</b>		
<b>Document Title</b>		
<b>Issuing Authority</b>		
<b>Document Number</b>		
<b>Expiration Date (if any)(mm/dd/yyyy)</b>		

**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): 01/22/2018 (See instructions for exemptions)

<b>Signature of Employer or Authorized Representative</b> <i>[Signature]</i>	<b>Today's Date (mm/dd/yyyy)</b> 01/22/2018	<b>Title of Employer or Authorized Representative</b> HR/Recruiting Mgr
<b>Last Name of Employer or Authorized Representative</b> Baroness	<b>First Name of Employer or Authorized Representative</b> Taylor	<b>Employer's Business or Organization Name</b> CMB
<b>Employer's Business or Organization Address (Street Number and Name)</b> 404 Broadway Ave	<b>City or Town</b> St. Paul Park	<b>State</b> <b>ZIP Code</b> MN 55071

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

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

**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.**

<b>Document Title</b>	<b>Document Number</b>	<b>Expiration Date (if any) (mm/dd/yyyy)</b>
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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.

<b>Signature of Employer or Authorized Representative</b>	<b>Today's Date (mm/dd/yyyy)</b>	<b>Name of Employer or Authorized Representative</b>
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