

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>WAHL</u>	First <u>ELINOR</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>2950 EAGLE WAY</u>		Apt. #	Date of Birth (month/day/year) <u>2/22/1986</u>
City <u>BOULDER</u>	State <u>CO</u>	Zip Code <u>80301</u>	Social Security # <u>112-76-9746</u>

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature Elinor Wahl Date (month/day/year) 9/2/11

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>ID Card</u>		<u>PASSPORT</u>		
Issuing authority: <u>New York State</u>		<u>US DEPT OF STATE</u>		
Document #: <u>663 097 623</u>		<u>222303964</u>		
Expiration Date (if any): <u>2-22-14</u>		<u>10-April-2017</u>		
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9/2/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Deb Roberts</u>	Title <u>Recruiting Mgr</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>7301 OHMS LANE, SUITE 405</u>		Date (month/day/year) <u>9/2/11</u>
Employers Solutions Staffing Group <u>EDINA, MN 55439</u>		

Section 3. Updating and Reverification (To be completed and signed by employer)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 <u>[Signature]</u>	Date (month/day/year)
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/23/2011
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Case Verification Number: 2011266142340JQ

Case Information:**Employee Information:**

Last Name:	Wahl	First Name:	Elinor
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 9746	Date of Birth:	02/22/1986
Citizenship Status:	A citizen of the United States		

Document Information:

List A Document:	U.S. Passport or Passport Card	Document Expiration Date:	04/10/2017
Passport or Passport Card Number:	222303964	I-94 Number:	
Alien Number:			

Additional Information:

Hire Date:	09/19/2011	Employer Case ID:	
Three-Day Rule Reason:	Technical Problems	Three-Day Rule - Other:	
Submitted By:	LNUN4987	Submitted On:	09/23/2011

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By: Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

LNUN4987

Closed On:

09/23/2011

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