

Department of Homeland Security
U.S. Citizenship and Immigration Services

**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>Brambora</u>	First <u>Hunter</u>	Middle Initial <u>T</u>	Maiden Name
Address (Street Name and Number) <u>875 S. PITHIN AVE CO</u>		Apt. # <u>80073</u>	Date of Birth (month/day/year) <u>12/18/1992</u>
City <u>Superior</u>	State <u>CO</u>	Zip Code <u>80073</u>	Social Security # <u>620-62-6593</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 <u>Hunter Brambora</u>	Date (month/day/year) <u>12/18/1992</u> <u>9/2/11</u>
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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>Passport</u>		<u>Drivers License</u>		<u>SS #</u>
Issuing authority: <u>USA</u>		<u>CO DMV</u>		<u>620-62-0653</u>
Document #: <u>046 772491</u>		<u>08-227-1197</u>		
Expiration Date (if any): _____		<u>1-7-2014</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) _____ 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>D. Roberts</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>Employers Solutions Staffing Group 7301 OHMS LANE, SUITE 405 EDINA, MN 55439</u>		Date (month/day/year) <u>9/2/11</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)
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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):
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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	Date (month/day/year)
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Colorado
Driver License

08-227-1197 Expires: 01-07-2014
Issued: 09-23-2009

HUNTER, TODD BRAMBLETT
875 S PITKIN AVENUE
SUPERIOR, CO 80027

UNDER 21
DOB 12-18-1992

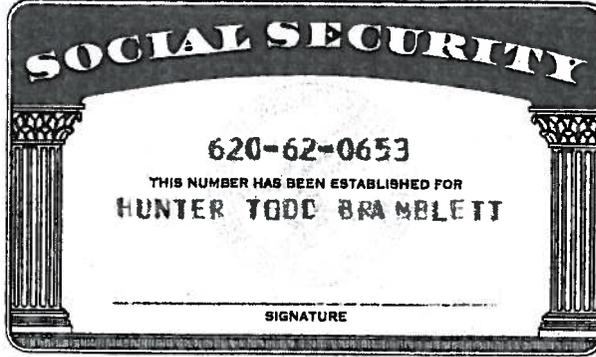


Class: R
Previous Type: N
End:
Rest:
Ht: 5'11"
Wt: 150
Sex: M
Eyes: BLU
Voter:

Hunter Bramblett

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Do not laminate your card.
Carry it in your purse or wallet.



... your number elsewhere for

... w application and submit
... y also have to submit
... curity office immediately to
... with the same number.
... e sure your employer copies
... orrectly.

... eeping purposes. Such use is
... ocial Security number by
... zen the organization and the
... et information from your

... umber must tell you whether
... ; the number, and tell you

... ork in this country, your Social
... immigration officials will be

... ear or more.

... gn up for Medicare.

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/26/2011
Page: 1 of 1

Case Verification Number: 2011269115625YE

Case Information:**Employee Information:**

Last Name:	Bramblett	First Name:	Hunter
Middle Initial:	T	Maiden Name:	
Social Security Number:	*** ** 0653	Date of Birth:	12/18/1992
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:	Social Security Card
Document Name:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	01/07/2014
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	09/09/2011	Employer Case ID:	
Three-Day Rule Reason:	Awaiting Social Security Number	Three-Day Rule - Other:	
Submitted By:	LNUN4987	Submitted On:	09/26/2011

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:

09/26/2011

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