

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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 documentation they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 on later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Hampton</i>		First Name (Given Name) <i>Walker</i>		Middle Initial <i>L</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>2007 Onella Ave.</i>			Apt. Number	City or Town <i>Wichita</i>	State <i>KS</i>	Zip Code <i>67261</i>
Date of Birth (mm/dd/yyyy) <i>03/18/1975</i>	U.S. Social Security Number <i>484-07-3012</i>	Email Address <i>midhvy777@gmail.com</i>			Telephone Number <i>503-548-3718</i>	

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):

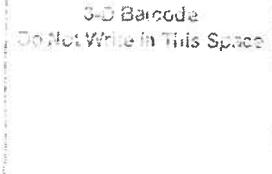
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in this field.
(See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee <i>[Handwritten Signature]</i>	Date (mm/dd/yyyy) <i>02/26/2014</i>
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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.

Signature of Preparer or Translator		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number and expiration date, if any.)

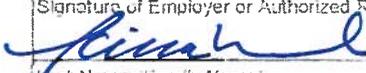
Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):		Document Title: Driver License Issuing Authority: AZ Document Number: D06516442 Expiration Date (if any)(mm/dd/yyyy): 3-18-2040		Document Title: SS card Issuing Authority: SS Admin Document Number: 484-08-3012 Expiration Date (if any)(mm/dd/yyyy):
Document Title: Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy):		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
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): **3-3-14** (See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) 3-7-14	Title of Employer or Authorized Representative Acct Mgr
Last Name (Family Name) Krol	First Name (Given Name) Tina	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHAS LANE SUITE 405	City or Town EDINA	State MIN
		Zip Code 55439

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

A. Now Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/07/2014
Page: 1 of 1

Case Verification Number: 2014066111641WK

Case Information:

Employee Information:

Last Name:	Hampton	First Name:	Walker
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3012	Date of Birth:	03/18/1975
Citizenship Status:	A citizen of the United States	Email Address:	

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:	Arizona
Driver's License or ID Card Number:		Document Expiration Date:	03/18/2040
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	03/07/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CKRO8357	Submitted On:	03/07/2014

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:		Other Names Used:	
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):

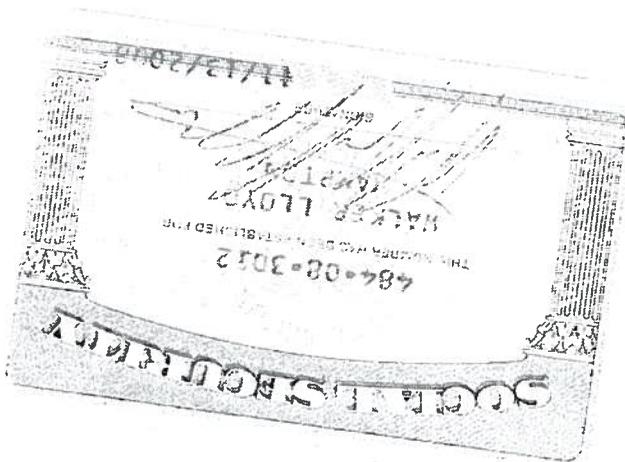
Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: _____

Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED



ARIZONA
Driver License

Number D065 16442
Expires 03/18/2040
Date of Birth 03/18/1975
Issued 11/24/2008

WALKER LLOYD HAMPTON
2331 E MARCO POLO RD # 12
PHOENIX AZ 85024-1233

Class D Sex M
Eyes BLU Height 5-11
Hair BR Weight 150



EMERGENCY CONTACT INFORMATION

EMPLOYER SOLUTIONS STAFFING GROUP IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Employee Name: Walker Hampton
Address: 2007 Onida Ave. Muscatine, Ia. 52761
Home Phone: 503-548-3718

EMERGENCY CONTACTS

Please list two people (in priority order) who could be contacted in case of an emergency.

Contact #1	Home Phone:
Name: <u>Catherine Hampton</u>	Cell Phone: <u>503 548 3718</u>
Relationship: <u>Wife</u>	Work Phone:
Contact #2	Home Phone:
Name:	Cell Phone:
Relationship:	Work Phone:

Additional information you want Employer Solutions Staffing Group and our clients to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the police report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

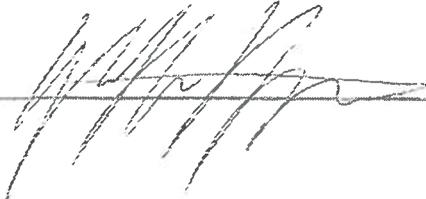
CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si un cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

AGREED/SE ACUERDA—

Name/Nombre (con letra de molde): Walker Hampton

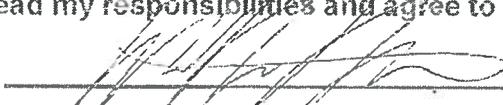
Signature/Firma: 

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: 

Printed Name: Walker Hampton

EMPLOYER SECTION:

ESG ID#:	ESG Client Name & State:	
Hiring Manager:	Position:	Starting Wage: \$

EMPLOYEE SECTION:

Employee Name: <i>Walker Hampton</i>	Street Address: <i>2007 Orinda Ave.</i>	City/State: <i>Placerville, Ca.</i>	Zip: <i>95266</i>
SSN: <i>484-08-3012</i>	Date of Birth: <i>03/18/1975</i>	Age: <i>38</i>	Have you worked for this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, location:			

Please complete all questions, and sign and date the form.

	Yes	No
1. Have you or has anyone living with you received Temporary Assistance to Needy Families (TANF) at any time since August 5, 1997? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you or has anyone living with you received Food Stamps (SNAP) at any time during the past 15 months? (If yes, please provide information below.) Name of the person receiving benefits: _____ Relationship to you: _____ City: _____ County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Have you received Supplemental Security Income (SSI) at any time within the past 3 months? Please note, this is not the same as Social Security benefits (SS) or Social Security Disability (SSDI) benefits. (If you checked yes please provide a copy of your SSI documentation.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you received any type of vocational rehabilitation services within the past two years? If yes, please indicate which type of agency you worked with and provide their location information below: <input type="checkbox"/> Vocational Rehabilitation Agency <input type="checkbox"/> Dept. of Veterans Affairs <input type="checkbox"/> Employment Network (Ticket to Work Program) Name of Agency: _____ Phone #: _____ City: _____ County: _____ State: _____ (If you checked yes please provide a copy of your active Individual Work Plan and Ticket to Work documentation.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you a Veteran of the U.S. Military? (If yes, please provide a copy of your DD-214 and Letter of Separation. If no, please continue to question #6.) Dates of Service - From: _____ To: _____ Branch of Service: _____ Are you entitled to or are you receiving compensation for a service-connected disability? <input type="checkbox"/> Have you been unemployed at any time during the last 12 months? <input checked="" type="checkbox"/> If yes, dates of unemployment - From: <i>04/21/2008</i> To: <i>12/27/2013</i> <i>Employed for 2 months at the end of 2008</i> Did you receive unemployment compensation at any point during your unemployment? <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you been convicted of a felony or released from prison for a felony conviction in the past 12 months? Conviction Date: _____ Release Date: _____ Was this a <input type="checkbox"/> Federal or <input type="checkbox"/> State conviction? If State - County: _____ State: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Additional Tax Credits

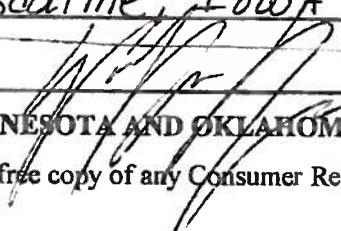
IFC (Native American): Are you or your spouse a member of a Native American Tribe? (If you checked yes please provide a copy of your CIIB card.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CA Residents: <input type="checkbox"/> Are you the child of foster parents? <input type="checkbox"/> Do you receive CalWorks? <input type="checkbox"/> Workforce Investment Act?		
<input type="checkbox"/> Are you a migrant or seasonal farm worker? <input type="checkbox"/> Have you ever been convicted of a misdemeanor?		
SC Residents: <input type="checkbox"/> Do you receive Family Independence Benefits?		

PLEASE READ, SIGN, AND DATE:

Under penalties of perjury, I declare the information above to be true and accurate to the best of my knowledge, and I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility as my employer, employer representative, Associated Consultants, Inc., the Referral or the Department of Labor.

New Employee Signature: _____

Date: *02/26/2014*

Applicant Last Name HAMPSON First WALKER Middle LLOYD
Social Security # 484-08-3012 Date of Birth (for ID purposes only) 3/18/1975
Drivers License Number and State of Issue D06516442 AZ.
Present Address 2007 ONEIDA AVE
City/State/Zip MUSCATINE, IOWA 52761
Applicant Signature  Date 2/26/2014

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

CSS Inc.

400 Laurel Oak Road, Suite 102, Voorhees, NJ 08043 Tel: 1-856-627-5600 Fax: 1-856-627-5699

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer Solutions Staffing Group LLC (ESSG) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" that may include information about your character, general reputation, personal characteristics, and/or mode of living, and that can involve personal interviews with sources, such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security number validation, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been requested and compiled about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with reports by agencies for employment is an investigation into your education and/or employment history conducted by Orange Tree Employment Screening, 7275 Olms Lane, Minneapolis, MN 55439. Tel: 800 886 4777 or 652 941 9010. Fax: 608 886 0774 or 652 941 9011. ORANGE TREE EMPLOYMENT SCREENING'S website is at www.otemployment.com, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing ESSG to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer reports compiled by a consumer reporting agency identified above directly from that agency. You may also contact ESSG to request the name, address and telephone number of the relevant unit of the consumer reporting agency who created the investigative report. If you request this information, ESSG will provide it to you as soon as possible, but in no event later than 30 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by ESSG, or if such report was requested, informed of the name and address of the consumer reporting agency that compiled the report. By doing this, you do not waive your rights under Article 21-A of the New York Education Law.</p>
<p>Oregon applicants or employees only: Information disclosed by ESSG is subject to Oregon law regarding the confidentiality of information, the storage and disposal of your personal information, and procedures available should you suspect that the ESSG has not met the minimum standards regarding your personal information.</p>
<p>Washington State applicants or employees only: You do not have the right to request from the consumer reporting agency a written summary of your report, and, accordingly, under the Washington Public Access to Records Act.</p>

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by ESSG at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, company, or insurance company to furnish any and all background information requested by Orange Tree Employment Screening, 7275 Olms Lane, Minneapolis, MN 55439. Tel: 800 886 4777 or 652 941 9010; ORANGE TREE EMPLOYMENT SCREENING'S website is at www.otemployment.com, or another outside organization acting on behalf of the company, and/or the company itself. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: In order to follow your request for a copy of Article 21-A of the New York Education Law.
Minnesota and Oklahoma applicants or employees only: Please check the box provided to the resolve a copy of any investigative reports compiled by ESSG.

(please include e-mail address: _____)

Signature: [Handwritten Signature] Date: 02/26/2014

BACKGROUND INFORMATION

Last Name: Hampton First: Walker Middle: Wood

City or Home Address: _____

Social Security #: 484 08 3012 Date of Birth (mm/dd/yyyy): 03/18/1975

Driver's License #: DC6516442 State of Driver's License: Arizona

Present Address: 2007 Onida Ave. Telephone # (City/Area): 503-543-3718

City/State/Zip: Muscatine Ia. 52761

*This information will be used for background screening purposes only and will not be used as hiring criteria.