



Case Verification Number: 2018213195625MG

Report prepared: 08/01/2018

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Darold T. Robinson

Date of Birth: 04/25/1979

U.S. Social Security Number: ***-**-8981

Employee's First Day of Employment:
08/01/2018

Citizenship Status: U.S. Citizen

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency

List C Document: U.S. birth certificate (original or certified copy)

Case Information

Current Case Result: Closed

Case Submitted By: Lori Larson

Case Status: Employment Authorized

Reason for Closure: Employment AuthorizedAuto Close

MINNESOTA

IDENTIFICATION CARD NOT A DRIVER'S LICENSE



DAROLD TIMOTHY ROBINSON
906 12TH AVE SE
ST CLOUD, MN 56304

Date of Birth **04-25-1979**

Sex	Eyes	Class
M	BRN	ID

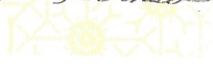
Height	Weight
6-0	250

ISSUED 04-2018

EXPIRES 04-25-2022

Darold Robinson

S439178743316






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.")

Employee Info from Section 1	Last Name (Family Name) Robinson	First Name (Given Name) Darold	M.I. T	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title ID card issued by state/territory		Document Title U.S. Birth certificate
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Illinois Dept. of Health
Document Number N/A		Document Number S439178743316		Document Number 112-79-616157
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 04/25/2022		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): 02/15/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Lori Larson</i>		Today's Date (mm/dd/yyyy) <u>08/01/2018</u>	Title of Employer or Authorized Representative On-Site Representative	
Last Name of Employer or Authorized Representative Larson	First Name of Employer or Authorized Representative Lori	Employer's Business or Organization Name Employer Solutions Group, LLC		
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive Suite 200		City or Town Eden Prairie	State MN	ZIP Code 55344

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

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

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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)

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