

2017076113250 YX

CML



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

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Form fields for employee information: Last Name (DEUEL), First Name (KIYA), Middle Initial (S), Address (18237 EIDELWEISS ST. NW), City (OAK GROVE), State (MN), ZIP Code (55011), Date of Birth (12/08/1996), U.S. Social Security Number (468-33-6529), Employee's E-mail Address (deuel007@umn.edu), Employee's Telephone Number (612-860-6190)

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 boxes):

Attestation options: 1. A citizen of the United States (checked), 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes QR Code - Section 1 Do Not Write in This Space.

Signature of Employee (Handwritten: Kiya Deuel) and Today's Date (Handwritten: 05-01-2017)

Preparer and/or Translator Certification (check one):
[X] I did not use a preparer or translator. [] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator, Today's Date, Last Name (Family Name), First Name (Given Name), Address (Street Number and Name), City or Town, State, ZIP Code



Employer Completes Next Page





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) <i>Devel</i>	First Name (Given Name) <i>Kiya</i>	M.I. <i>Z</i>	Citizenship/Immigration Status <i>I</i>
------------------------------	---	--	------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>Passport</i> Issuing Authority <i>Dept. of State</i> Document Number <i>495145615</i> Expiration Date (if any)(mm/dd/yyyy) <i>07/10/2017</i>	OR	Document Title <i>MN DL</i> Issuing Authority <i>State of MN</i> Document Number <i>12741108545312</i> Expiration Date (if any)(mm/dd/yyyy) <i>12-08-2017</i>	AND	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)		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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): *03-17-2017* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Shelby Glasby</i>	Today's Date (mm/dd/yyyy) <i>03-17-2017</i>	Title of Employer or Authorized Representative <i>Recruiter</i>
Last Name of Employer or Authorized Representative <i>Glasby</i>	First Name of Employer or Authorized Representative <i>Shelby</i>	Employer's Business or Organization Name <i>EMPLOYER SOLUTIONS STAFFING GROUP LLC</i>
Employer's Business or Organization Address (Street Number and Name) <i>7301 OHMS LANE SUITE 405 N80 Flying Cloud Dr.</i>	City or Town <i>Eden Prairie</i>	State <i>MN</i>
	ZIP Code <i>55344 55439</i>	

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
--	---------------------------	---

