



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) <u>Medina</u>	First Name (Given Name) <u>Esten</u>	M.I.	Citizenship/Immigration Status <u>US Citizen</u>
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title <u>CO Driver License</u>		Document Title <u>Social Security Card</u>
Issuing Authority		Issuing Authority <u>State of CO</u>		Issuing Authority <u>Dept. of Health + HS</u>
Document Number		Document Number <u>07-099-0244</u>		Document Number <u>614-666-6531</u>
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) <u>03/21/2021</u>		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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): 12/12/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date (mm/dd/yyyy) <u>12/12/2017</u>	Title of Employer or Authorized Representative <u>Executive Assistant</u>
Last Name of Employer or Authorized Representative <u>Findley</u>	First Name of Employer or Authorized Representative <u>Andrea</u>	Employer's Business or Organization Name <u>Employer Solutions Staffing Group</u>
Employer's Business or Organization Address (Street Number and Name) <u>7480 Flying Cloud Dr. Suite 200</u>	City or Town <u>Minneapolis</u>	State <u>MN</u>
		ZIP Code <u>55344</u>

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)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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