



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017268152638ND

Report Prepared: 09/25/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Thompson

First Name: Eli

Date of Birth: 05/27/1998

Social Security Number: *** ** 1871

Hire Date: 09/25/2017

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: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 05/27/2019

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/25/2017

Case Submitted By: LLAR6177

SENSITIVE BUT UNCLASSIFIED

MINNESOTA
UNDER 21

**IDENTIFICATION CARD
NOT A DRIVER'S LICENSE**



ELI JACK THOMPSON
1550 E ST GERMAIN ST APT 177
ST CLOUD, MN 56304

Date of Birth **05-27-1998**

Sex **M** Eyes **BLU** Class **ID**

Height **6-1** Weight **175** **DONOR**

ISSUED **09-2017**

EXPIRES **05-27-2019**

Q357162875715

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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) Thompson | First Name (Given Name) Eli | M.I. | Citizenship/Immigration Status 1 |
|-------------------------------------|-------------------------------------|--------------------------------|------|-------------------------------------|

| 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 Social Security Card (Unrestricted) |
| Issuing Authority N/A | | Issuing Authority Minnesota | | Issuing Authority Social Security Administration |
| Document Number N/A | | Document Number Q357162875715 | | Document Number 469351871 |
| Expiration Date (if any)(mm/dd/yyyy) N/A | | Expiration Date (if any)(mm/dd/yyyy) 05/27/2019 | | Expiration Date (if any)(mm/dd/yyyy) N/A |
| Document Title N/A | | <div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div> | | <div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </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): 09/21/2017 (See instructions for exemptions)

| | | | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------|
| Signature of Employer or Authorized Representative <i>Lori Larson</i> | | Today's Date (mm/dd/yyyy) <u>09/25/2017</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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|