



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017097194417QY

Report Prepared: 04/07/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Ending Group

Employee Information

Last Name: Espinoza Rangel

First Name: Marcos

Date of Birth: 08/08/1982

Social Security Number: ***-**-1844

Hire Date: 04/07/2017

Citizenship Status: A lawful permanent resident

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-855)

Alien Number: 207877880

Card Number: I080828P1880

Document Expiration Date:

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 04/07/2017

Case Submitted By: SGLASER

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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

► **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 (Employee 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.)

Last Name (Family Name) <u>España Rangel</u>		First Name (Given Name) <u>Marcela</u>		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) <u>8466 Grenadier Ave South</u>			Apt. Number	City or Town <u>Cottage Grove</u>		State <u>MI</u>
					ZIP Code <u>55016</u>	
Date of Birth (mm/dd/yyyy) <u>03-08-1982</u>	U.S. Social Security Number <u>539-78-11644</u>		Employee's E-mail Address			Employee's Telephone Number <u>617-202-7525</u> <u>651-395-1916</u>

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):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>207-977-860</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: <u>207-977-860</u> OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of issuance: _____	QR Code - Section 1 Do Not Write in This Space
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Signature of Employee <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>4-7-17</u>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator A preparer(s) and/or translator(s) prepared the employee in completing Section 1
 (Fields below must be completed and signed when preparer and/or translator 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 (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





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1513-0047
 Expires 08/31/2019

Section 1. Employer or Authorized Representative Review and Verification
 (Employers or their authorized representatives must complete and sign Section 1 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 "List of Acceptable Documents.")

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status	
List A		OR		List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization		
Document Title	Document Title		Document Title			
Issuing Authority	Issuing Authority		Issuing Authority			
Document Number	Document Number		Document Number			
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)			
Document Title	Document Title		Document Title			
Issuing Authority	Issuing Authority		Issuing Authority			
Document Number	Document Number		Document Number			
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)			
Document Title	Document Title		Document Title			
Issuing Authority	Issuing Authority		Issuing Authority			
Document Number	Document Number		Document Number			
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)			
Additional Information						
OR Date - Section 2 & 6 Do Not Write in This Space						

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): 04-07-2018 (See instructions for exceptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<i>[Signature]</i>	<u>04-07-2017</u>	<u>Recruiter</u>	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
<u>Glasgow</u>	<u>Shelby</u>	<u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code
<u>7480 FLYING CLOUD DRIVE SUITE 200</u>	<u>MINNEAPOLIS</u>	<u>MIN</u>	<u>55344</u>

Section 2. Reverification and Renewal (To be completed and signed by employer or authorized representative)

A. New Hire (If applicable)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date of Birth (if applicable) (mm/dd/yyyy)
B. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that established 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



