

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/24/2015

Page: 1 of 1

Case Verification Number: 2015083140944WL

Case Information:**Employee Information:**

Last Name:	Molin	First Name:	Lil Robert
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1128	Date of Birth:	02/19/1992
Citizenship Status:	A citizen of the United States	Email Address:	
Document Information:		List C Document:	Social Security Card
List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	Document State:	Minnesota
Document Name:	Driver's license	Document Expiration Date:	02/19/2018
Driver's License or ID Card Number:		I-94 Number:	
Alien Number:		Employer Case ID:	
Additional Information:		Three-Day Rule - Other:	
Hire Date:	03/24/2015	Submitted On:	03/24/2015
Three-Day Rule Reason:			
Submitted By:	MARI1344		

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:Comments: Submitted On:
Submitted By:**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

MARI1344

Closed On:

03/24/2015

SENSITIVE BUT UNCLASSIFIED



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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.)

Last Name (Family Name) <u>Molin</u>		First Name (Given Name) <u>Robert</u>		Middle Initial <u>N</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>705 Town Center Parkway</u>			Apt. Number <u>314</u>	City or Town <u>Lino Lakes</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>02/19/1992</u>	U.S. Social Security Number <u>477-23-1128</u>		E-mail Address <u>MolinRobert44@yahoo.com</u>			Zip Code <u>55014</u>
					Telephone Number <u>651 278 0173</u>	

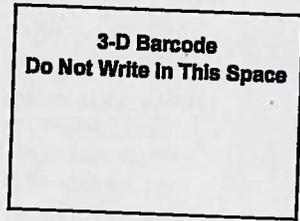
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>03/24/2015</u>
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code





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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers license.</u>		Document Title: <u>see SS card.</u>
Issuing Authority:		Issuing Authority: <u>State of MN</u>		Issuing Authority: <u>SSA.</u>
Document Number:		Document Number: <u>LS 42130133011</u>		Document Number: <u>4M-23-1128</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>2-19-2018</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A.</u>
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):				

3-D Barcode
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): 3-23-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>3-23-15</u>	Title of Employer or Authorized Representative <u>Agent Rep.</u>	
Last Name (Family Name) <u>ARIAS</u>		First Name (Given Name) <u>Michael</u>		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
				Zip Code <u>55439</u>

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

MINNESOTA
DRIVER'S LICENSE



LIE ROBERT NATHAN MOLIN
705 TOWN CENTER PKWY APT 314
LINO LAKES, MN 55014

Date of Birth 02-16-1982

Sex Eyes Class

M BRN D

Height Weight

5-7 140

ISSUED 09-2014

EXPIRES 02-19-2018



L542130133011

Handwritten signatures and initials, including 'L', 'R', and 'M'.

YOUR SOCIAL SECURITY CARD

Important

ADULTS: Sign this card in ink immediately.

CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

ine.

Keep your card in a safe place to prevent loss or theft.

DO NOT CARRY THIS CARD WITH YOU.

Do not laminate.

