

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 12/03/2014
Page: 1 of 1

Case Verification Number: 2014337102015TV

Case Information:**Employee Information:**

Last Name:	Regalado Aguilar	First Name:	Feliciano
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 1763	Date of Birth:	05/06/1965
Citizenship Status:	A citizen of the United States	Email Address:	

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:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	05/06/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	12/03/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	SSER1299	Submitted On:	12/03/2014

Initial Case Result:

Case Result: SSA Tentative Nonconfirmation (TNC)
The name and/or date of birth entered for this employee did not match SSA records.

Employee Referred to SSA:

Referred By:	SSER1299	Referred On:	12/03/2014
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Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:	Employee Referred to SSA	Response Date:	
Expect Gov't Response By:	12/18/2014		

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:	
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Employee Referred to DHS:

Referred By:		Referred On:	
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Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result:		Response Date:	
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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 voluntarily quit working for the employer.
Closed By: SSER1299 Closed On: 12/03/2014

SENSITIVE BUT UNCLASSIFIED

MINNESOTA DRIVER'S LICENSE

FELICIANO REGALADO AGUILAR
 1811 ROSS AVE E
 ST PAUL, MN 55419

Date of Birth 05-08-1965
 Sex M
 Eyes BRN
 Height 5-9
 Weight 175

CLASS D

ISSUED 03-2014 EXPIRES 05-06-2018

G187062777216



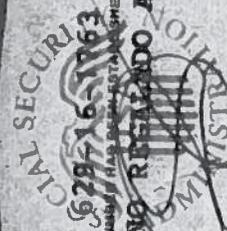

SOCIAL SECURITY

62951657063

THIS NUMBER HAS BEEN ASSIGNED FOR
 FELICIANO REGALADO AGUILAR

ADMINISTRATOR

SIGNATURE





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) Aguilar		First Name (Given Name) Feliciano		Middle Initial R.	Other Names Used (if any)	
Address (Street Number and Name) 1811 Ross Ave E.			Apt. Number	City or Town St. Paul	State MN	Zip Code 55119
Date of Birth (mm/dd/yyyy) 05/06/1965	U.S. Social Security Number 629-16-1763	E-mail Address			Telephone Number 651-202-1679	

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):

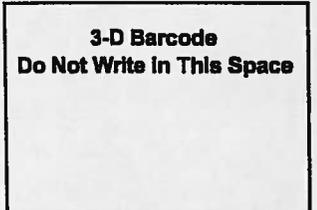
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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:	Date (mm/dd/yyyy): 12/03/2014
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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): 12/03/2014	
Last Name (Family Name) Tovar		First Name (Given Name) Samantha	
Address (Street Number and Name) 10561 Palm St NW		City or Town Coon Rapids	State MN
		Zip Code 55433	



Employer Completes Next Page





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: Aguilar, Feliciano R.

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>Social Security card</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Social Security Admin.</u>
Document Number:		Document Number: <u>G187062777216</u>		Document Number: <u>629-16-1763</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>05/06/2018</u>		Expiration Date (if any)(mm/dd/yyyy):
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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>12/03/2014</u>	Title of Employer or Authorized Representative <u>Office Support</u>	
Last Name (Family Name) <u>TOVAR</u>		First Name (Given Name) <u>Samantha</u>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

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):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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