



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017017115704MR

Report Prepared: 01/17/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Flores Saucedo

First Name: Edna

Date of Birth: 09/17/1977

Social Security Number: *** ** 4246

Hire Date: 01/17/2017

Citizenship Status: An alien authorized to work

Document Information

List A Document: Employment Authorization Document (Form I-766)

Alien Number: 209022299

Card Number: EAO1929760169

Document Expiration Date: 09/30/2019

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/17/2017

Case Submitted By: PVAN0767

Closed On: 01/17/2017

Closed By: PVAN0767

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

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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>FLORES SAUCEDA</u>		First Name (Given Name) <u>EDNA</u>		Middle Initial <u>M.</u>	Other Last Names Used (if any)	
Address (Street Number and Name) <u>718 Englewood Ave</u>			Apt. Number <u>2</u>	City or Town <u>St. Paul</u>		State <u>mn</u>
Date of Birth (mm/dd/yyyy) <u>3/17/1977</u>		U.S. Social Security Number <u>821-47-4245</u>		Employee's E-mail Address <u>edna.flores.sauceda@gmail.com</u>		Employee's Telephone Number <u>651-213-3497</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 type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>09/30/2019</u> Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: <u>206-062-269</u> OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of issuance: _____</p>
QR Code - Section 1 Do Not Write in This Space

Signature of Employee <u>Edna Flores</u>	Today's Date (mm/dd/yyyy) <u>01/17/2017 E-F</u>
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Preparer and/or Translator Verification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparer(s) and/or translator(s) 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. 1615-0047
 Expires 03/31/2019

Employee Info from Section 1	Last Name (Family Name) Flore's Saucedo	First Name (Given Name) Edna	Middle Initial M	Citizenship/Immigration Status Authorized Alien
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List A Identity and Employment Authorization		List B Identity	List C Employment Authorization
Document Title US Employment Auth Card	Document Title	Document Title	Document Title
Issuing Authority USCIS	Issuing Authority	Issuing Authority	Issuing Authority
Document Number EAC1923750159	Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy) 09/30/2019	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information		OR Code - Sections 8 & 9 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)			

Certifications: 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): **01/17/2017** (See instructions for exceptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 01/17/2017	Title of Employer or Authorized Representative Administrative Asst
Last Name of Employer or Authorized Representative Vang	First Name of Employer or Authorized Representative Pang	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 403		City or Town EDINA
		State MN
		ZIP Code 55439

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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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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UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

FLORES SAUCEDA EDNA G 17 MAR 1977



PLORES SAUCEDA
Given Name
EDNA G
USCIS ID: **208-882-269** Category: **A20** Card#: **EAC1328786168**
Country of Birth
Mexico
Terms and Conditions
None
Date of Birth **17 MAR 1977** Sex **F**
Valid From **11/20/16**
Card Expires **08/30/18**
NOT VALID FOR REENTRY TO U.S.

Edna Flores

