

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Vargas Dominicci	First Francisco	Middle Initial	Maiden Name
Address (Street Name and Number) 410 Nobles Street		Apt. #	Date of Birth (month/day/year) 04/24/1984
City Worthington	State MN	Zip Code 56187	Social Security # 583-97-6812

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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature <i>Francisco Vargas Dominicci</i>	Date (month/day/year) 1-23-08
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		ID Card		Social Security Card
Issuing authority: _____		Minnesota		US Government
Document #: _____		H518057875414		583-97-6812
Expiration Date (if any): _____		04/24/2009		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 01/07/2008 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Ashley Postma</i>	Print Name Ashley Postma	Title Admin Assisatn
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CMG 12000 Washington St Ste 290 Thornton CO 80241		Date (month/day/year) 01/07/2008

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
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MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



FRANCISCO VARGAS DOMINICCI
430 2ND ST P.O. BOX 163
BUTTERFIELD, MN 56120

Date of Birth 04-24-1984
Sex M Eyes BRN
Height 5-7 Weight 160
ISSUED 10-2005 EXPIRES 04-24-2009

H518057875414

Francisco V. Dominicci

SOCIAL SECURITY

582-97-6812

THIS NUMBER HAS BEEN ESTABLISHED FOR

FRANCISCO VARGAS DOMINICCI

Francisco V. Dominicci
SIGNATURE

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/08/2008
Page: 1 of 1

Case Verification Number: 2008008095904EY

Initial Verification:

Last Name:	vargasdominicci	First Name:	francisco
Middle Initial:		Maiden Name:	
Social Security Number:	583-97-6812	Date of Birth:	04/24/1984
Hire Date:	01/07/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	APOS3210	Initiated On:	01/08/2008

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Initiated By:	Initiated On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:
Resolved By: Resolved On:

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