



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>Xiong</u>		First Name (Given Name) <u>Francois</u>		Middle Initial	Other Names Used (If Any)	
Address (Street Number and Name) <u>1875 Quebec St</u>			Apt. Number	City or Town <u>Centerville</u>	State <u>MIN</u>	Zip Code <u>55038</u>
Date of Birth (mm/dd/yyyy) <u>03/24/1985</u>	U.S. Social Security Number <u>468-27-7954</u>	E-mail Address <u>Francois_Xiong@hotmail</u>			Telephone Number <u>651 558 174</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):

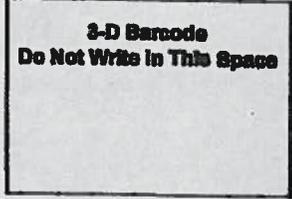
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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 GBP 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): <u>07/20/2015</u>
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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):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

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: Xiongy, Francis,

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: <u>Drivers License</u>	Document Title: <u>State of MN.</u>	Document Title: <u>Social Security (Rec'd)</u>
Issuing Authority: <u>State of MN.</u>	Issuing Authority: <u>SSA.</u>	Issuing Authority: <u>SSA.</u>
Document Number: <u>1450275640909</u>	Document Number: <u>3-24-2019.</u>	Document Number: <u>468-27-7954</u>
Expiration Date (if any) (mm/dd/yyyy): <u>3-24-2019.</u>	Expiration Date (if any) (mm/dd/yyyy): <u>8-5-15</u>	Expiration Date (if any) (mm/dd/yyyy): <u>8-5-15</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): 7-22-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>7-22-15.</u>	Title of Employer or Authorized Representative <u>Asst Rep.</u>	
Last Name (Family Name) <u>ARVAS</u>		First Name (Given Name) <u>marby</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):

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
COMMERCIAL



FRANCOIS XIONG
1873 QUEBEC ST
CENTERVILLE, MN 55038

Date of Birth 03-24-1986

Sex Eyes Class
M BRN B

Height Weight
6-9 185

ISSUED 03-2016

EXPIRES 03-24-2019



T450275640909

**Social Security Administration
Important Information**

Social Security Administration
SOCIAL SECURITY
TWIN CITIES CARD CTR
1811 CHICAGO AVE STE 2
MINNEAPOLIS, MN 55404-1998
Date: July 21, 2015

FRANCOIS XIONG
1873 QUEBEC ST
CENTERVILLE, MN 55038

1-888-847-0392

This is a receipt to show that you applied for a Social Security card on July 21, 2015. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit the Minneapolis Card Center. If you choose to visit the office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

GWD

Social Security Administration
Twin Cities Card Center
Visit Our Website
www.socialsecurity.gov