

RF



employer solutions staffing group
Leveraging Resources in a Changing Market

Gash, Nyan to

I-9 Missing or Incorrect Information

- The date on employee signature (page 1) is their birthday, not date they signed.
- Employee did not sign section 1.
- Employee did not date section 1.
- Employee did not enter their Date of Birth.
- We only have a copy of the front of the permanent residence card and no copy of the back.
- Employment authorization card has expired.
- Employee presented an expired document.
- Address is incorrect: Missing Street/# Missing City/State Missing Zip Code P.O. Box
- Missing check mark on page 1 in the following section:

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)

- Missing item from List A or List B & List C.
- Employee presented an invalid form of their SSN.
- Employee presented a Certificate of Live Birth that does not meet the requirements of a Birth Certificate.
- We received a copy of the I-9, not the original.
- We do not have copies of the documents provided for section 2.
- Need to have - or will come off assignment.

Date: _____

This employee no longer is working. The employee's end date was _____ . This

employee was a short term/temporary employee for _____ .

Name _____



Employment Eligibility Verification

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

RF

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) Gash		First Name (Given Name) Nyunta		Middle Initial D	Other Names Used (if any)	
Address (Street Number and Name) 308 uth ave NW			Apt. Number	City or Town Austin	State Mn	Zip Code 55912
Date of Birth (mm/dd/yyyy) 10/24/94	U.S. Social Security Number 650-15-62916	E-mail Address Nyunta00@gmail.com			Telephone Number 507-219-7794	

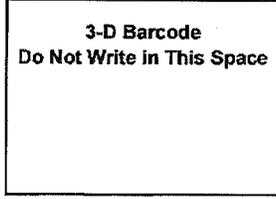
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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): 078805744
- 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>Nyunta Gash</u>	Date (mm/dd/yyyy): <u>03/02/2016</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	

STOP **Employer Completes Next Page** STOP



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: Gash, Nyanta D.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>FEMD Form I-551</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>078815744</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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): 3/3/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>3/3/2016</u>	Title of Employer or Authorized Representative <u>Admin Assistant</u>	
Last Name (Family Name) <u>Havaerud</u>		First Name (Given Name) <u>Sierra</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
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>MIN</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:

10 TEMPORARY FORM I-551

ADMISSION FOR PERMANENT RESIDENCE

AT NYC ON 2-28-01

THIS DOCUMENT VALID UNTIL

MAY 02 2005 ISSUED AT SPM

ON MAY 03 2001 BY

M. M. ITO

(OFFICER) (TITLE)

1. Family Name <u>GIASH</u>	
2. First (Given) Name <u>MIRIAM TIO</u>	3. Birth Date (Day/Mo/Yr) <u>24/10/94</u>
4. Country of Citizenship <u>KENYA</u>	5. Sex (Male or Female) <u>FEMALE</u>
6. Passport Number	7. Airline and Flight Number
8. Country Where You Live	9. City Where You Boarded
10. City Where Visa Was Issued	11. Date Issued (Day/Mo/Yr)
12. Address While in the United States (Number and Street)	
13. City and State	

27. TWOV Ticket Number

26. Itinerary/Comments

NYairto David Gash

FE?

24. <input type="checkbox"/> Bond	22. Petition Number
25. <input type="checkbox"/> Prospective Student	<u>A-78 BOS 744</u>
23. Program Number	20. INS File
21. INS FCO	18. Occupation
19. Waivers	