



Case Verification Number: 2017087106888CD
Report Prepared: 08082017

SENSITIVE BUT UNCLASSIFIED

Company Information

Company ID: 47428

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: gaw

First Name: hoo

Date of Birth: 06/02/1972

Social Security Number: ***-**-3912

Hire Date: 08082017

Citizenship Status: A lawful permanent resident

Document Information

List B Document: ID card issued by a U.S. federal, state or local government agency
Alien Number: S12591084

List O Document: Social Security Card

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 08082017

Case Submitted By: SGLA0028

SENSITIVE BUT UNCLASSIFIED



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) Graw		First Name (Given Name) HROO		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 1872 Hudson Rd			Apt. Number 212	City or Town St Paul		State MN
Date of Birth (mm/dd/yyyy) 05/23/1992	U.S. Social Security Number 320-21-3412		Employee's E-mail Address 651-202-5031		Employee's Telephone Number 55106	

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 nonalien national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): 212-551-084
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)

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.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of issuance: _____

OR Code - Entries 1
Do Not Write in This Space

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (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 **Graw** Today's Date (mm/dd/yyyy) **03/28/2017**

Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)			City or Town
		State	ZIP Code



Employer Completes Next Page





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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Gaw	First Name (Given Name) Atoo	M.I.	Citizenship/Immigration Status Lawful Perms
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Employment Auth		Document Title Document Authorization		Document Title ASC
Issuing Authority USA		Issuing Authority USA		Issuing Authority SSA
Document Number LN170550126		Document Number LN170550126		Document Number 320-21-3912
Expiration Date (if any) (mm/dd/yyyy) 02-08-2019		Expiration Date (if any) (mm/dd/yyyy) 02-08-2019		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		CH Code - Section 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)				

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) **03-28-2017** (See instructions for exceptions)

Signature of Employer or Authorized Representative Shelley Gladys	Today's Date (mm/dd/yyyy) 03-28-2017	Title of Employer or Authorized Representative Recruiter
Last Name of Employer or Authorized Representative Gladys	First Name of Employer or Authorized Representative Shelley	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 MIN
		ZIP Code 55429

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) Date (mm/dd/yyyy)
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C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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