

Case Verification Number: 2017088114818AR
Report Prepared: 04/08/2017

SENSITIVE BUT UNCLASSIFIED

Company Information

Company ID: 47428

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: gandy

Date of Birth: 12/22/1978

Hire Date: 04/08/2017

First Name: risher

Social Security Number: ***-**-2788

Citizenship Status: A lawful permanent resident

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
Alien Number: G81800788
Card Number: I088878088784

Document Expiration Date:

Case Status Information

Current Case Result: Employment Authorized

Case Submitted On: 04/08/2017

Employer Case ID:

Case Submitted By: 88148028

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 (Employer 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) GEEHY		First Name (Given Name) MILTON		Middle Initial G	Other Last Names Used (if any)	
Address (Street Number and Name) 618 14th Ave. N.			Apt. Number	City or Town Minneapolis	State MA	ZIP Code 55411
Date of Birth (mm/dd/yyyy) 12-28-1977	U.S. Social Security Number 005-81-2769		Employee's E-mail Address Milton.geehy@yodago.com		Employee's Telephone Number 612-423-5385	

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): **264-705-775**
- 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: **264-205-775**
 - OR
 - 2. Form I-94 Admission Number: _____
 - OR
 - 3. Foreign Passport Number: _____
- Country of Issuance: _____

OR Code - Section 1
 Do Not Write in This Space

Signature of Employee: 

Today's Date (mm/dd/yyyy): **04/03/2017**

Preparer or Translator Attestation (Preparer/Translator Only)

I am not the preparer or translator. A preparer/translator assisted the employer in completing Section 1. (Please follow that the preparer/translator signed and stamped when preparing and certifying 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



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Section 2. Employer of Authorized Representative Review and Verification:
 Employers or their authorized representatives must complete and sign Section 2 within 3 business days of the employee's first day of employment. The first document examined and document from List A (or a combination of one document from List A and one document from List B or List C) is shown on the table in Section 3. (See instructions.)

Employee Info from Section 1	Last Name (Family Name) Gately	First Name (Given Name) Milton	M.I.	Citizenship/Immigration Status lawful perm. Res
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Identify and Employment Authorization		AND	Employment Authorization
Document Title Permaned Res	Document Title	Document Title	Document Title
Issuing Authority USA	Issuing Authority	Issuing Authority	Issuing Authority
Document Number 064-205-795	Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy) 09/22/2025	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		CIR 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)			

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): **04-03-2017** (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 04-03-2017	Title of Employer or Authorized Representative Recruiter	
Last Name of Employer or Authorized Representative Glada	First Name of Employer or Authorized Representative Shelby	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
		State MIN	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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