



Case Verification Number: 2017087120315YR
Report Prepared: 08/22/2017

SENSITIVE BUT UNCLASSIFIED

Company Information

Company ID: 47488

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: [redacted]

Date of Birth: 01/01/1976

Hire Date: 08/22/2017

First Name: [redacted]

Social Security Number: ***-**-8878

Citizenship Status: A lawful permanent resident

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession
Alias Number: 076837651

Document Name: Driver's license

Driver's License or ID Card Number: [redacted]

List C Document: Social Security Card

Document State: Minnesota

Document Expiration Date: 01/01/2018

Case Status Information

Current Case Result: Employment Authorized

Case Submitted On: 08/22/2017

Employer Case ID: [redacted]

Case Submitted By: 8222017

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 (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) HANDULE		First Name (Given Name) Mohamed		Middle Initial D	Other Last Names Used (if any)	
Address (Street Number and Name) 217 Winfred St			Apt. Number	City or Town Saint Paul	State MN	ZIP Code 55107
Date of Birth (mm/dd/yyyy) 01-01-1976	U.S. Social Security Number 006-92-8877	Employee's E-mail Address Mhandule@yahoo.com			Employee's Telephone Number 651-399-5048	

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): **A 070367-051**
- 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 - Section 1
 Do Not Write in This Space

Signature of Employee:  Today's Date (mm/dd/yyyy): **03-28-2017**

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: _____ 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** 

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 "List 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: **Handole, Mohamed**

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		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:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		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:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		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):

List A entries: MN, OL, State of MN, 245820623817
 List B entries: MN, OL, State of MN
 List C entries: SSA, 006-92-8879

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): **03-28-2017** (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
	03-28-2017	Recruiter
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
GLASBY	Shelby	Employer Solutions Staffing Group LLC
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
7301 Ohms Lane	Edina	OK
		Zip Code
		55439

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Hire (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

MUHAMMAD QAMR HANDELE
217 WINIFRED ST S
ST PAUL, MN 55107

Date of Birth 01-01-1978
Sex Male Eyes Green
Ht 5-11 Wgt 200
Issued 01-2014 Expires 01-2018

Muhammad Qamr Handele

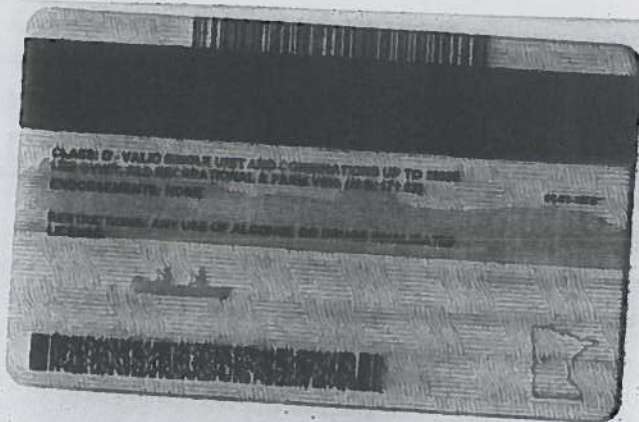
R459128823617

SOCIAL SECURITY

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THE NUMBER HAS BEEN ESTABLISHED FOR
MUHAMMAD QAMR HANDELE

Muhammad Qamr Handele
SIGNATURE



This card is the official verification of your Social Security number.
Please sign it right away. Keep it in a safe place.

Improper use of this card or number, by anyone is punishable by fine,
imprisonment or both.

This card belongs to the Social Security Administration and you must
return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
PO Box 17087, Baltimore, MD 21235

For any other Social Security business/information, contact your
local Social Security office. If you write to the above address for any
business other than returning a found card, it will take longer for us
to answer your letter.

Social Security Administration
Form SSA-3000 (4-95)

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