



# 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) <i>Amedi</i>		First Name (Given Name) <i>Hazhal</i>		Middle Initial <i>S</i>	Other Names Used (if any)	
Address (Street Number and Name) <i>511 E. 88th Ave.</i>			Apt. Number <i>210</i>	City or Town <i>Thornton</i>		State <i>CO</i>
Date of Birth (mm/dd/yyyy) <i>07/25/1992</i>		U.S. Social Security Number <i>253-99-7247</i>		E-mail Address <i>amedihazhal@gmail.com</i>		Telephone Number <i>678-900-2462</i>

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):

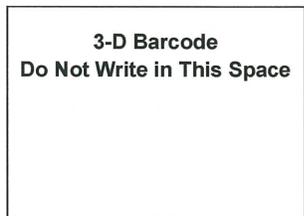
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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 CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

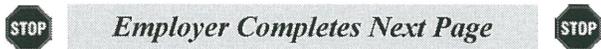
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Hazhal Amedi</i>	Date (mm/dd/yyyy): <i>02/09/2015</i>
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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



**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:

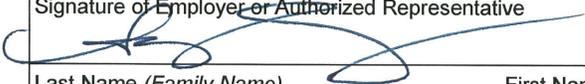
~~Hazhal~~, <sup>02/09/2015</sup> Amedi, Hazhal. S.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Georgia</u>		Issuing Authority: <u>Social Security Administration</u>
Document Number:		Document Number: <u>054951060</u>		Document Number: <u>253-99-7247</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>7/25/2018</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</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):				
				<b>3-D Barcode</b> <b>Do Not Write in This Space</b>

**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): 02/09/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>02/09/2015</u>	Title of Employer or Authorized Representative <u>on-site HR Rep</u>	
Last Name (Family Name) <u>Chesum</u>	First Name (Given Name) <u>Amy</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>MN</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):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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USA  
Georgia  
DRIVER'S LICENSE

072592  
072592

UNDER 21

DL NO. 054951060  
DOB 07/25/1992  
CLASS C  
EXP 07/25/2018

HAZHAI SADIO AMEDI

418 MUSICAL CT  
LAWRENCEVILLE, GA 30044-7457  
GWINNETT  
Restrictions A  
Iss 07/23/2013 BRC  
Sex F Eyes BRG  
Hgt 5'-02" Wgt 120  
DDI 1688948071004953

HAZHAI SADIO AMEDI

SOCIAL SECURITY

059799-7247

HAZHAI SADIO AMEDI

HAZHAI SADIO AMEDI

SIGNATURE

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/09/2015  
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Case Verification Number: 2015040142927JV

**Case Information:****Employee Information:**

Last Name:	Amedi	First Name:	Hazhal
Middle Initial:	S	Other Names Used:	
Social Security Number:	*** ** 7247	Date of Birth:	07/25/1992
Citizenship Status:	A citizen of the United States	Email Address:	amedihazhal@gmail.com

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Georgia
Driver's License or ID Card Number:		Document Expiration Date:	07/25/2018
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	02/09/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACHE6751	Submitted On:	02/09/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date:

**Photo Matching Results:**

Determination:

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

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**SENSITIVE BUT UNCLASSIFIED**



Title:

# New Team Member Checklist

Page:

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## Emergency Contact Information (to be completed by employee)

Employee Name: Hazhal Amedi Birthdate: 07/25/1992  
 Home Address: 511 E. 88th Ave. Apt. 210 Thornton, CO  
 Home Phone: \_\_\_\_\_ Cell Phone: 678 900 2462  
 Email Address: amedihazhal@gmail.com

### Primary Emergency Contact

Name: Travis Jackson  
 Relationship to Contact: Spouse  
 Daytime Phone: 404 932 0964 Evening Phone: \_\_\_\_\_

### Secondary Emergency Contact

Name: Zaerab Amedi  
 Relationship to Contact: Mother  
 Daytime Phone: 770-806-7722 Evening Phone: \_\_\_\_\_

## Policies Procedures and handbook Review (Performed by Hiring Manager)

Review highlighted sections in Employee Handbook

I understand and agree to abide by the policies in the Employee Handbook.

Hazhal Amedi

02-09-15

Employee Signature

Date

## Safety Awareness and Orientation Tour (Performed by Hiring Manager)

- Emergency exits
- Fire extinguishers
- Chemical safety and MSDS location
- Compressed gas safety
- Machine awareness: Plasma machine is hot, robots have moving parts
- Personal protective equipment (i.e., safety glasses, shoes, etc.)
- Orientation: Restrooms, work centers, notification boards, coffee, break room, office areas

## Job Training (Performed by Hiring Manager or Trainer)

- Clocking in and out
- Review of first training checklist and training methodology
- Employee's name added to Online Training Matrix
- Employee's name added to the Personal Production Tracker



Title:

**New Team Member Checklist**

Page:

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<b>Employee Name:</b>	Hazhal Amedi
<b>Start Date:</b>	

**Human Resource Checklist**

	1-9: <a href="http://www.uscis.gov/files/form/i-9.pdf">http://www.uscis.gov/files/form/i-9.pdf</a>
	W4: <a href="http://www.irs.gov/pub/irs-pdf/fw4.pdf">http://www.irs.gov/pub/irs-pdf/fw4.pdf</a>
	Signed Job Description
	Non-Disclosure Agreement
	Contact Pinnacle Assurance (Darla 303-926-8600)
	Order Lab Coat, Size _____
	Create training folder for employee
	Information entered into Paychex Online
	Entered in time clock, ID# _____
	Enter <b>400 hour probationary period</b> and <b>1 year review</b> entered onto Google calendar
	Enter birthday into Google calendar
	Setup Employee for Paychex payroll Direct Deposit by having employee bring in a voided check
	Enter employee phone number into QuickBooks
	Employer to fill out, "Affirmation of Legal Work Status" form within 20 days of start of employment
	Print label and affix to tweezers

**Release Checklist**

	Release Date: _____
	Remove employee from health benefits
	Colorado Continuation of Coverage paperwork
	Verify All Vacation Used

**JOB TITLE:** Technician 1

**REPORTS TO:** Production Supervisor

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### JOB SUMMARY

### DUTIES & ESSENTIAL JOB FUNCTIONS

- Loading and Inspection of all parts/probes.
- Adhere to outlined procedures.
- Execution of all operations on all laboratory equipment.
- Perform weekly maintenance and cleaning as needed on all laboratory equipment.
- Maintain overall cleanliness of Laboratory and Work Stations.
- Follow all Safety Rules.
- Quality of work is #1 priority.

### QUALIFICATIONS

- Team Player that is able to work well with others
- Good attitude

### REQUIRED

- Ability to work with small parts.
- Steady hands to work with tweezers and microscopes for entire work day.
- Excellent attention to detail.
- Positive attitude and strong work ethic.
- Ability to provide or arrange transportation to arrive on time daily.

### PREFERRED

- Experience in laboratory environment preferred.
- English reading and writing preferred.

### HAZARDS

- Lite Chemical usage. Employee is responsible for following all safety procedures as outlined. Vertical Solutions encourages employees to read the Material Safety and Data Sheets (MSDS) for all chemicals used in the Laboratory. MSDS sheets are provided for every chemical used in the laboratory and can be found in the MSDS binder.

### ACKNOWLEDGMENT FOR RECEIPT OF JOB DESCRIPTION

I have received a copy of the Job Description and have read and understand its contents.

Hazhal Amedi

Employee Name (Please Print)

02/09/2015

Date

Hazhal Amedi

Employee Signature

02/09/2015

Date



## Non-Disclosure Agreement

This Non-Disclosure Agreement ("NDA") is entered into and made effective as of the date set forth below, by and between the following parties: Vertical Solutions, Inc. dba VSI Parylene ("Disclosing Party") and Hazhal Amedi ("Receiving Party").

1. **Consideration and Basis:** As a condition of Receiving Party's employment with Disclosing Party, and in consideration of Receiving Party's employment with the Disclosing Party and Receiving Party's receipt of the compensation now and hereafter paid to Receiving Party by the Disclosing Party, Receiving Party agrees to the following:
2. **Confidential Information:** The term "Confidential Information" means any and all information owned by or licensed to Disclosing Party and disclosed or supplied to Receiving Party regardless if such information is marked as proprietary and/or confidential and/or in any other fashion. Confidential Information shall include but is not limited to processes, formulas, technology, research, product plans, products, services, customer lists and customers (including, but not limited to: customers of the Disclosing Party on whom Receiving Party called or with whom Receiving Party became acquainted during the term of Receiving Party's employment or whose information Receiving Party was privy to), markets, software, developments, inventions, designs, drawings, engineering, hardware configuration information, marketing, finances, future employees, copyright, trade secret, proprietary information, and includes without limitation, Disclosing Party's information concerning product or market research, future product concepts, purchasing, pricing, business forecasts, sales and merchandising, and other business information disclosed to Receiving Party by the Disclosing Party, either directly or indirectly in writing, orally, or by drawings or observation.
3. **Obligations of Receiving Party:** Receiving Party agrees at all times during the term of Receiving Party's employment and thereafter without limitation, to hold in strictest confidence, and not to use, except for the benefit of the Disclosing Party, or to disclose to any person, firm, or corporation any Confidential Information without written authorization from Steve Neely or Brian Behne.
4. **Use of Information:** Receiving Party hereby agrees that the Confidential Information will be used solely by Receiving Party in the execution of Receiving Party's duties as an employee of Disclosing Party and solely on Disclosing Party's behalf and only during the period of Receiving Party's employment by Disclosing Party.
5. **Former Employer Information:** Receiving Party agree that Receiving Party will not, during Receiving Party's employment with the Disclosing Party, improperly use or disclose any proprietary information or trade secrets of any former or concurrent employer or other person or entity. Nor will Receiving Party bring onto the premises of the Disclosing Party any unpublished document or proprietary information belonging to any such employer, person, or entity unless consented to in writing by such employer, person, or entity.
6. **Termination of Obligation of Confidentiality:** Receiving Party will not be liable for the disclosure of any Confidential Information which is:
  - (a) in the public domain other than by a breach of this NDA; or
  - (b) rightfully received from a third party without any obligation of confidentiality; or
  - (c) rightfully known to Receiving Party without any limitation on use or disclosure prior to its receipt from Disclosing Party; or
  - (d) independently developed by employees of Receiving Party; or
  - (e) generally made available to third parties by Disclosing Party without restriction on disclosure.
7. **Title:** Title or right to possess Information as between the parties will remain solely with Disclosing Party.



Space intentionally left blank. Signatures follow.

- i. This NDA constitutes the entire agreement, written or verbal, between the parties with respect to the disclosure of Confidential Information and will supersede any and all other agreements, negotiations, understandings and representations by and between the Parties relating to Confidential Information, written or verbal. The Parties affirm that they are sophisticated, that this is a fully-integrated agreement, that it is not a contract of adhesion, that it was freely negotiated for value, that each Party had ample bargaining power, that no parol evidence shall be admissible or useable for any purpose in any dispute arising under this NDA, and that each has either had advice of legal counsel regarding the propriety of entering into this NDA, or has had ample time to attain such counsel and has freely elected to proceed without it.

Date: \_\_\_\_\_

Date: 02/09/15

Disclosing Party:  
Vertical Solutions, Inc. dba VSI Parylene

Receiving Party:

Harsh Modi

\_\_\_\_\_  
By:  
Title: