



I-9 Missing or Incorrect Information

Employee Name: White, David

Client Name: CMG - Super mom's

Date: 12/9/14

Please have the employee correct or supply the following information. We will need this information within 1 week from the date you receive the returned I-9. If this information is not received within 1 week, this employee must be taken off assignment and can no longer work until this information is received in our office. Please have the person who receives the documentation sign and date section 2 and the certification section on page 2.

- The date on employee signature (page 1) is their birthday, not date they signed. Please have the employee cross out the date, initial and write the correct date or have them fill out a new form.
- Copy and send the back of the permanent residence card.
- Employment authorization card has expired please copy front and back of current card and return.
- 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. Please provide a copy of the identifying documentation from the employee, have the person who receives the documentation sign and date section 2 and the certification section on page 2.
- The Employee must provide official Social Security card or a receipt for a replacement card by SSA.
- We have received a copy of the I-9, please send original and have the person who receives the documentation sign and date section 2 and the certification section on page 2.
- The second page of the I-9 needs to be signed and dated by a recruiter that has verified identifying documents.
- _____

FOR ESSG USE

Email sent to Client: _____ Date FedEx sent: _____ Date processed: _____



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

Verify 2010328101355MV

▶ 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) White		First Name (Given Name) David		Middle Initial L	Other Names Used (if any)	
Address (Street Number and Name) 3175 Lester			Apt. Number	City or Town Hastings	State MN	Zip Code 55033
Date of Birth (mm/dd/yyyy) 08-10-85	U.S. Social Security Number 471-66-5582		E-mail Address David.Lee.W.260@gmail.com		Telephone Number 763-910-0395	

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):

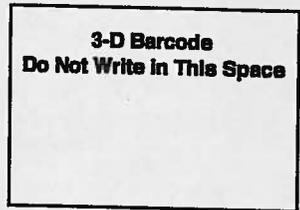
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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:	Date (mm/dd/yyyy): 8-10-85
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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



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 "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: White, David L

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>MN Drivers License</u>		Document Title: <u>MN Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>MN DMV</u>		Issuing Authority: <u>MN Office of Vital Records</u>
Document Number:		Document Number: <u>F626027036314</u>		Document Number: <u>19A-000230812</u> <small>AK 121</small>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>08/10/2019</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u> <small>1985-MN-</small>
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):				

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): 11/22/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>11/22/2016</u>	Title of Employer or Authorized Representative <u>Administrative ASST</u>	
Last Name (Family Name) <u>Vang</u>	First Name (Given Name) <u>Pang</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):
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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.

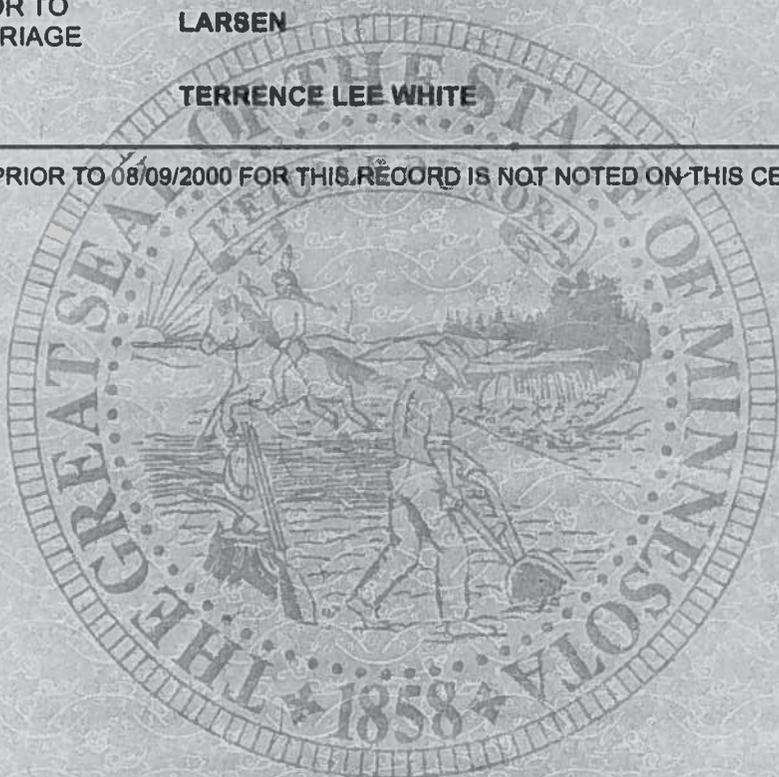
Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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CERTIFICATE OF BIRTH

STATE FILE NUMBER 1985-MN-041556

FULL NAME DAVID LEE WHITE
DATE OF BIRTH AUGUST 10, 1985
SEX MALE
PLACE OF BIRTH SAINT PAUL RAMSEY MINNESOTA
PARENT LAURIE YVONNE
NAME PRIOR TO FIRST MARRIAGE LARSEN
PARENT TERRENCE LEE WHITE

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.



THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
10292233



19A-000230812

FILED: NOVEMBER 12, 1985

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: NOVEMBER 01, 2016 DAKOTA COUNTY VITAL STATISTICS - HAST

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.



MINNESOTA
DRIVER'S LICENSE

DAVID LEE WHITE
720 W 11TH
HASTINGS, MN 55033

Date of Birth 08-10-1985

Sex	Eyes	Class
M	HZL	D

Height	Weight
5-7	213

ISSUED 05-2015

EXPIRES 08-10-2019



David White



F626027036314