



**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) <b>Simons</b>		First Name (Given Name) <b>Jacob</b>		Middle Initial <b>A</b>	Other Last Names Used (if any) <b>na</b>	
Address (Street Number and Name) <b>1963 s oswego way</b>			Apt. Number <b>na</b>	City or Town <b>Aurora</b>		State <b>co</b>
Date of Birth (mm/dd/yyyy) <b>05/11/1992</b>		U.S. Social Security Number <b>385134231</b>		Employee's E-mail Address <b>jacobsimons20@gmail.com</b>		Employee's Telephone Number <b>3132088971</b>

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 checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>na</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>na</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*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: na  
**OR**  
 2. Form I-94 Admission Number: na  
**OR**  
 3. Foreign Passport Number: na  
 Country of Issuance: na

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee <u>Jacob Simons</u> <small>Jacob Simons (Mar 16 2017)</small>	Today's Date (mm/dd/yyyy) <b>Mar 16, 2017</b>
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**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 preparers and/or translators 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*



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</b> Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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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) <b>Simons</b>	First Name (Given Name) <b>Jacob</b>	M.I. <b>A.</b>	Citizenship/Immigration Status <b>US Citizen</b>
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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Document Title	Document Title <b>MI Driver License</b>	Document Title <b>Social Security Card</b>
Issuing Authority	Issuing Authority <b>State of MI</b>	Issuing Authority <b>SSA</b>
Document Number	Document Number <b>552-356-044-359</b>	Document Number <b>385-13-4231</b>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <b>05/11/2019</b>	Expiration Date (if any)(mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
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): **03/13/2017** (See instructions for exemptions)

Signature of Employer or Authorized Representative <b>Andrea Findley</b>	Today's Date(mm/dd/yyyy) <b>03/16/2017</b>	Title of Employer or Authorized Representative <b>Executive Assistant</b>	
Last Name of Employer or Authorized Representative <b>Findley</b>	First Name of Employer or Authorized Representative <b>Andrea</b>	Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>	
Employer's Business or Organization Address (Street Number and Name) <b>7301 OHMS LANE SUITE 405</b>	City or Town <b>EDINA</b>	State <b>MN</b>	ZIP Code <b>55439</b>

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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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## Authorization

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**Authorization:** By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for BGC.

Printed name: Jacob Simons  
First Middle (  Last  
none)

Other names used: \_\_\_\_\_  
Current county of residence: \_\_\_\_\_

Current and former addresses:

<u>07/28/2016</u>	<u>current</u>	<u>1963 s oswego way</u>	
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

<u>05/11/1992</u>	<u>385134231</u>
Date of birth	Social security number
<u>s552359044359</u>	<u>jacob alexander simons</u>
Driver's license number & state	Name as it appears on license

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Jacob Simons  
Jacob Simons (Mar 16 2017)

Signature

Mar 16, 2017

Date

1903  
MICHIGAN MI USA

DRIVER LICENSE

S 552 356 041 359 ISS 03-22-2016  
D08 05-11-1992 EXP 05-11-2019 051192

JACOB ALEXANDER SIMONS

417 VILLA DR  
YPSILANTI, MI 48198-3508

Sex M

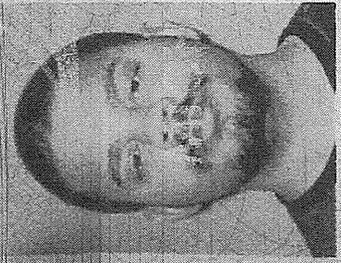
Hgt 508

Eyes BRO

Lic Type 0

End NONE

Restrictions NONE



*Jacob A. Simons*



DDI0068057487113

DONOR  
Rev 01-21-2011



# SOCIAL SECURITY CARD

385-13-4231

THIS NUMBER HAS BEEN ESTABLISHED FOR

JACOB SIMONS

*Jacob Simons*

SIGNATURE





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017079151550WN**

Report Prepared: 03/20/2017

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Simons

First Name: Jacob

Date of Birth: 05/11/1992

Social Security Number: \*\*\* \*\* 4231

Hire Date: 03/16/2017

Citizenship Status: A citizen of the United States

**Document Information**

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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: Michigan

Driver's License or ID Card Number:

Document Expiration Date: 05/11/2019

**Case Status Information**

---

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/20/2017

Case Submitted By: AFIN3846

Closed On: 03/20/2017

Closed By: AFIN3846

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

