



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015349130103RQ

Report Prepared: 12/15/2015

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Ascolese

First Name: James

Date of Birth: 03/07/1980

Social Security Number: *** ** 5109

Hire Date: 12/11/2015

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or List C Document: U.S. birth certificate (original or certified copy) outlying possession

Document Name: ID card

Document State: New York

Driver's License or ID Card Number:

Document Expiration Date: 03/07/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 12/15/2015

Case Submitted By: AFIN3846

Closed On: 12/15/2015

Closed By: AFIN3846

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

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USA
New York State
NEW YORK STATE
IDENTIFICATION CARD

D 449 737 001

ASCOLESE
JAMES

95 KLINGERMAN DR 2
CAIRO, NY 12413

Sex M Height 5'-10" Eyes BRO

DOB 03/07/1980

Expires 03/07/2020

E NONE

R NONE

Issued 05/22/2015



James Ascose
MAR 60



JAMES ASCOSE
REGISTRATION

CLASS ID

CERTIFICATE OF BIRTH

Name of Child
James Ascolese

Sex
MALE

Date of Birth
03/11/1980

Place of Birth
NOT AVAILABLE

Name of Mother
Mary Ann Marino

Name of Father
Joseph Ascolese

Substance (City/County)
Newark/Essex County

Date of Issue
03/11/1980

Event Entered
NOT APPLICABLE

Issued By
CITY OF NEWARK, VITAL STATISTICS

Registrar
MARSHA MCGOWAN, REGISTRAR



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) Ascolese		First Name (Given Name) James		Middle Initial N/A	Other Names Used (if any)	
Address (Street Number and Name) 95 Klingerman Dr			Apt. Number 2	City or Town Cairo		State NY
Zip Code 12413			Date of Birth (mm/dd/yyyy) 03/07/1980		U.S. Social Security Number 141-82-5109	
E-mail Address jamesa5757@yahoo.com			Telephone Number 518 929-7707			

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):

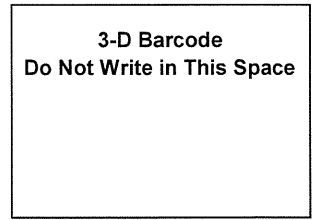
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

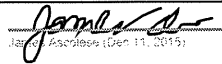


If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

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): Dec 11, 2015
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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: Ascolese, James

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>New York ID Card</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>NY Dmv</u>		Issuing Authority: <u>City of Newark</u>
Document Number:		Document Number: <u>449 737 001</u>		Document Number: <u>387-977</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/07/2020</u>		Expiration Date (if any)(mm/dd/yyyy):
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): 12/11/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>		Date (mm/dd/yyyy) <u>12/15/2015</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Findley</u>		First Name (Given Name) <u>Andrea</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):

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: