



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) Jeffries		First Name (Given Name) James		Middle Initial Alonzo	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 2010 James ave N			Apt. Number N/A	City or Town Minneapolis		State MN
Date of Birth (mm/dd/yyyy) 04/30/1992		U.S. Social Security Number 47-25-068		Employee's E-mail Address Jrockjones130@gmail.com		Employee's Telephone Number 612-458-0910

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): N/A

4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A
 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: N/A
 OR

2. Form I-94 Admission Number: N/A
 OR

3. Foreign Passport Number: N/A
 Country of Issuance: Hennepin county

QR Code - Section 1
 Do Not Write in This Space

Signature of Employee James Jeffries (Nov 26, 2017)	Today's Date (mm/dd/yyyy) Nov 26, 2017
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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

STOP **Employer Completes Next Page** STOP



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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) Jeffries	First Name (Given Name) James	M.I. A	Citizenship/Immigration Status J
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List A OR List B AND List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title Identification Card	Document Title Social Security Card
Issuing Authority	Issuing Authority State of NH	Issuing Authority Social Security Administration
Document Number	Document Number X054 22701375	Document Number 471-25 7068
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) 04/30/2020	Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title	Additional information	
Issuing Authority	QR Code - Sections 2 & 3 Do Not Write in This Space	
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
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): **11/20/2017** (See Instructions for exemptions)

Signature of Employer or Authorized Representative Rachel	Today's Date (mm/dd/yyyy) 11/26/2017	Title of Employer or Authorized Representative Reverend	
Last Name of Employer or Authorized Representative Fickett	First Name of Employer or Authorized Representative Rachel	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

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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STANDARD SECURITY

471-25-7068

THIS NUMBER HAS BEEN ESTABLISHED FOR

JAMES ALONZO
JEFFRIES

SIGNATURE

01/0

MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

JAMES ALONZO JEFFRIES
2601 GOLDEN VALLEY RD
MINNEAPOLIS, MN 55411

Date of Birth 04-30-1992

Sex M Eyes BRN Class ID

Height 5-10 Weight 178

ISSUED 10-2016

EXPIRES 04-30-2020

James *Jeffries*

X654227013715