



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) SMITH		First Name (Given Name) JEFFERY		Middle Initial A.	Other Names Used (if any) JEFF	
Address (Street Number and Name) 2154 HASTINGS AVE.		Apt. Number #3	City or Town NEWPORT		State MN	Zip Code 55053
Date of Birth (mm/dd/yyyy) 9-22-58	U.S. Social Security Number 477-78-2900		E-mail Address		Telephone Number (651) 468-7594	

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):

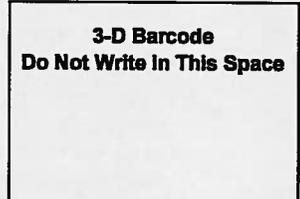
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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): 12-4-15
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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:

Smith, Jeffrey

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver license (Recin)		Document Title: Certification of Birth.
Issuing Authority:		Issuing Authority: State of MN.		Issuing Authority: Saint Paul, MN.
Document Number:		Document Number: T080242069308		Document Number: A.D. 1980.
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 2-15-15.		Expiration Date (if any)(mm/dd/yyyy): N/A
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): 12-15-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
		12-15-15	Auth Rep.	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name
Arias		Moby		EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
7301 OHMS LANE SUITE 405			EDINA	MN
			Zip Code	
				55439

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:



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **1080242D69308** Birth Date (Month/Day/Year): **9221958**

FULL LEGAL NAME: **JEFFREY ALLEN SWITH**

COMPLETE FIRST NAME: **JEFFREY** COMPLETE MIDDLE NAME: **ALLEN** COMPLETE LAST NAME: **SWITH**

PERIODS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IDP APPLICATION)

COMPLETE FIRST NAME: [REDACTED] COMPLETE MIDDLE NAME: [REDACTED] COMPLETE LAST NAME: [REDACTED]

HILL RESIDENCE ADDRESS (WHERE YOU LIVE) NOTE: MAKE SURE THIS IS YOUR CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARDS.

NUMBER: **2154** STREET: **HASTINGS AVE.** APT#: **3**

CITY: **NEWPORT** STATE: **IA** ZIP CODE: **55055** MIN COUNTY: **WASH**

PERSONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE CARD) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARDS. AGENCIES THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO AN RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

NUMBER: [] STREET: [] APT#: []

CITY: [] STATE: [] ZIP CODE: [] MIN COUNTY: []

Visit dvs.dps.mn.gov to:

- check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

Driver's License questions: (651) 297-3298
 Motor Vehicle questions: (651) 297-2126
 License Status, available 24/7: (651) 284-2000
 TDD/TTY: (651) 282-6555

PAID
 DEC 15 2015
 Deputy 107

(DVS USE ONLY)

2013/0434908

TYPE	RX #	RESTRICT/ENDORSE	VISION
<input checked="" type="checkbox"/> REG		<input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE	<input type="checkbox"/> PASS NK <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED:
<input type="checkbox"/> A	<input type="checkbox"/> DUP		
<input type="checkbox"/> B	<input type="checkbox"/> DUP		
<input type="checkbox"/> C	<input type="checkbox"/> DUP		
<input type="checkbox"/> D	<input type="checkbox"/> DUP		
<input type="checkbox"/> PROV	<input type="checkbox"/> DUP		
<input checked="" type="checkbox"/> M-BAD	<input type="checkbox"/> DUP		
<input type="checkbox"/> M-BOP	<input type="checkbox"/> DUP		
<input type="checkbox"/> CLP			
<input type="checkbox"/> REG IP			
INDICATORS			
<input type="checkbox"/> SENIOR	<input type="checkbox"/> RT Passed		
<input type="checkbox"/> LTD MOBILITY	<input type="checkbox"/> RT Waived		
<input type="checkbox"/> SNOWMOBILE			
<input type="checkbox"/> FIREARM			
<input type="checkbox"/> S or TC			
<input type="checkbox"/> VETERAN			
FEES PAID			
	APPLICATION \$ 20.25		
	OTHER FEES \$		
	MC SB PHYS \$		
	REN FEE \$		
	OTHER \$		
	ORGAN DONATION \$		
NOTES: Downward to 1957-1971 ID			
I was provided all priority wages as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system. If required by federal law, I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.			
Applicant Signature: <i>[Signature]</i>			
Application Date: 121515			
State: IA			
EDL: INVALIDATED DL/ID/IDP			

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

**MINNESOTA
DRIVER'S LICENSE**



T080242069308

JEFFREY ALLEN SMITH
1871 3RD AVE
NEWPORT, MN 55055

Date of Birth 09-22-1958
Sex M
Eyes BLU
Hair BRN
Height 5-11
Weight 160
Issued 06-2011

Jeffrey Smith



Expires 06-22-2015

Flowers Park Hospital

at
Saint Paul, Minnesota

This Certifies that
JEFFREY ALLEN SMITH
weighing 6 Pounds 1 $\frac{1}{2}$ Ounces

was born to Mr. and Mrs. Norman F. Smith

in the Flowers Park Hospital on the Twenty-Second

day of September

A. D. 1958

In witness whereof the said Hospital has caused this
Certificate to be signed by the attending physician and by its
duly authorized officer, and has hereunto affixed its seal.

Attending Physician

Superintendent

Robert M. Burnett, R.N.

