



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

Section 1. Employer or Authorized Representative Review and Verification
 (Employers or their authorized representative must complete and sign Section 1 within 3 business days of the employee's first day of employment. You must physically examine the document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <u>Doeyou</u>	First Name (Given Name) <u>Joel</u>	M.I. <u>M</u>	Citizenship/Immigration Status <u>3</u>
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List A Identify and Employment Authorization		OR	List B Identify	AND	List C Employment Authorization
Document Title <u>Permanent Resident</u>	Document Title		Document Title		Document Title
Issuing Authority <u>USCIS</u>	Issuing Authority		Issuing Authority		Issuing Authority
Document Number <u>077-432-754</u>	Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy) <u>12-09-2025</u>	Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information		Document Title	OR Code - Sections 1 & 8 Do Not Write in This Space	
Issuing Authority			Document Title		
Document Number			Document Title		
Expiration Date (if any) (mm/dd/yyyy)			Document Title		
Document Title			Document Title		
Issuing Authority		Document Title			
Document Number		Document Title			
Expiration Date (if any) (mm/dd/yyyy)		Document Title			

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): 03/15/18 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Today's Date (mm/dd/yyyy) <u>3/15/18</u>	Title of Employer or Authorized Representative <u>Recruiter</u>
Last Name of Employer or Authorized Representative <u>Zepeda</u>	First Name of Employer or Authorized Representative <u>Zhilakeem</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>7480 FLYING CLOUD DRIVE SUITE 200</u>		City or Town <u>HIDDEN PRAIRIE</u>
		State <u>MN</u>
		ZIP Code <u>55344</u>

Section 2. Reverification and Rehire (To be completed and signed by employer or authorized representative)

A. New Hire (if applicable)

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