



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 (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before acceptance of the offer.)

Last Name (Family Name) Jones		First Name (Given Name) Serenity		Middle Initial T	Other Last Names Used (if any)	
Address (Street Number and Name) 3020 31st Ave South			Apt. Number 11	City or Town Minneapolis	State MN	ZIP Code 55406
Date of Birth (mm/dd/yyyy) 09/03/1991	U.S. Social Security Number 475-23-9371	Employee's E-mail Address Sincerelyserenity@gmail.com			Employee's Telephone Number 1012-407-6924	

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 (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ 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: _____ OR
2. Form I-94 Admission Number: _____ OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee 	Today's Date (mm/dd/yyyy) 04/03/2017
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Section 2. Preparer or Translator Certification (Check one)

I am the preparer or translator. A preparer(s) and/or translator(s) assisted me in completing Section 1.
 (This information is completed and signed when preparer and/or translator 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





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Section 2. Employer or Authorized Representative Review and Verification
 Employer or their authorized representative must complete and sign Section 2 within 8 business days of the employee's first day of employment. This is typically within one document from List A OR a combination of one document from List B and one document from List C as listed on the Instructions Documents.

Employee Info from Section 1	Last Name (Family Name) Jones	First Name (Given Name) Serenity	M.I.	Citizenship/Immigration Status US Citizen
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Birth Cert		Document Title MN Permit		Document Title
Issuing Authority State of MN		Issuing Authority State of MN		Issuing Authority
Document Number 1991-MN-045081		Document Number 17178033596216		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) 02-06-2019		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				
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): 04/03/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative Shelby Glasby	Today's Date (mm/dd/yyyy) 04/03/2017	Title of Employer or Authorized Representative Shelby Reecutter		
Last Name of Employer or Authorized Representative Glasby	First Name of Employer or Authorized Representative Shelby	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	ZIP Code 55439

Section 3. Rehire Information and Rehire (To be completed and signed by employer or authorized representative)

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

Q. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that established 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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