



Section 1: Employee Information

Employee Last Name, First Name and Middle Initial from Section 1: Meyer, Josh A

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---------------------------------------|-----|---------------------------------------|
| Document Title: | | Document Title: | | Document Title: |
| Issuing Authority: | | Issuing Authority: | | Issuing Authority: |
| Document Number: | | Document Number: | | Document Number: |
| Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): | | 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): (See instructions for exemptions.)

| | | | | |
|--|-------------------------|--|----------|--|
| Signature of Employer or Authorized Representative | Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | | |
| <i>Kelsey Adelt</i> | 7/15/14 | Office Manager | | |
| Last Name (Family Name) | First Name (Given Name) | Employer's Business or Organization Name | | |
| <i>Sikkink</i> | <i>Kelsey</i> | EMPLOYER SOLUTIONS STAFFING GROUP LLC | | |
| Employer's Business or Organization Address (Street Number and Name) | City or Town | State | Zip Code | |
| 7301 OHMS LANE SUITE 405 | EDINA | MN | 55439 | |

Section 2: Employment History

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: |
| | | |

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1978-MN-041955

FULL NAME JOSHUA ALLEN MEYER
DATE OF BIRTH NOVEMBER 16, 1978
TIME 04:04 null
SEX MALE
PLACE OF BIRTH WELLS FARIBAULT MINNESOTA
PARENT LORI ANN
NAME AT BIRTH SCHEWE
PLACE OF BIRTH MINNESOTA
PARENT MERLIN DAVID MEYER
PLACE OF BIRTH MINNESOTA

ANY AMENDMENT MADE PRIOR TO 03/11/2001 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF THE STATE REGISTRAR.

MR&C Certificate ID
8392574



000137115

55A-000137115

FILED: DECEMBER 08, 1978

*Steve Elkins*STEVE ELKINS
STATE REGISTRAR

ISSUED: SEPTEMBER 03, 2013 OLMSTED COUNTY LICENSE BUREAU

THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER
WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE