



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016112155132AL**

Report Prepared: 04/21/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Mars

First Name: Kaleb

Date of Birth: 01/29/1996

Social Security Number: \*\*\* \*\* 6067

Hire Date: 04/21/2016

Citizenship Status: A citizen of the United States

**Document Information**

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List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 01/29/2017

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 04/21/2016

Case Submitted By: CLOP1873

Closed On: 04/21/2016

Closed By: CLOP1873

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

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# 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) <b>Mars</b>		First Name (Given Name) <b>Kaleb</b>		Middle Initial <b>G.</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>2090 8th Ave.</b>			Apt. Number	City or Town <b>Newport</b>	State <b>MN</b>	Zip Code <b>55055</b>
Date of Birth (mm/dd/yyyy) <b>01/29/1996</b>	U.S. Social Security Number <b>472-31-6067</b>		E-mail Address <b>kmars96@hotmail.com</b>			Telephone Number <b>(651)-261-1883</b>

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: \_\_\_\_\_

**3-D Barcode  
Do Not Write in This Space**

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: <b>Kaleb Mars</b>	Date (mm/dd/yyyy): <b>04/16/2016</b>
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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:

Mars, Kaleb G

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: mn DL Card		Document Title: SS card
Issuing Authority:		Issuing Authority: Minnesota		Issuing Authority: SS Admin
Document Number:		Document Number: K24111 8984807		Document Number: 472316067
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 01/29/2017		Expiration Date (if any)(mm/dd/yyyy): NA
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): 04/21/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Claudia Lopez</i>		Date (mm/dd/yyyy) 04/21/2016	Title of Employer or Authorized Representative Staffing Coordinator		
Last Name (Family Name) Lopez		First Name (Given Name) Claudia	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. 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):
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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):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**MINNESOTA**  
**DRIVER'S LICENSE**

**UNDER 21**



**MINNESOTA**

**RALEB GAGE MARS**  
2080 8TH AVE.  
NEWPORT, MN 55055

Date of Birth: 01-28-1998    AGE IN: 01-29-2014

Sex	Eyes	Class
M	BLU	D
Height	Weight	DONOR
6-1	195	

ISSUED 11-2014    EXPIRES 01-29-2017

*Raleb Mars*

**K241118984807**



**SOCIAL SECURITY**

572-31-6067

THIS NUMBER HAS BEEN ESTABLISHED FOR

KALEB GAGE MARS

*Kaleb Gage Mars*

SIGNATURE