



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 20170940955195B

Report Prepared: 04/04/2017

Company Information

Company ID: 47428

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Kersha

First Name: abdulkadir

Date of Birth: 01/01/1979

Social Security Number: *** ** 5440

Hire Date: 04/04/2017

Citizenship Status: A lawful permanent resident

Document Information

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

List C Document: Social Security Card

Alien Number: 212763852

Document State: Minnesota

Document Name: Driver's license

Document Expiration Date: 08/12/2018

Driver's License or ID Card Number:

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 04/04/2017

Case Submitted By: SGLA8832

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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 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 accepting a job offer.)

Last Name (Family Name) Karshe		First Name (Given Name) Abdikadir		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 1255 White Barr Ave			Apt. Number House	City or Town St. Paul		State MN
Date of Birth (mm/dd/yyyy) 01/01/1979		U.S. Social Security Number 747-82-5440		Employee's E-mail Address		ZIP Code 55106
					Employee's Telephone Number 612-987-7509	

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): **212-763-852**
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): **09/01/17**

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: _____

OR Code - Section 1
Do Not Write in This Space

Signature of Employee **X [Signature]** Today's Date (mm/dd/yyyy) **04/04/17**

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be 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

STOP **Employer Completes Next Page** STOP



Employment Eligibility Verification
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Section 1. Employer or Authorized Representative Review and Verification
 (Employer or authorized representative examines first document and then documents in List B. If the employee has provided first document, employer or authorized representative must physically examine one document from List A or a copy of a document from List B and the document from List C, if any, listed on the Form I-9.)

Employee Info from Section 1	Last Name (Family Name) Ahmed	First Name (Given Name) Abdikadie	M.I.	Citizenship/Immigration Status Citizen
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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)
MN Permit	SSC	
State of MN	SSA	
H368062082717	147-82-5440	
08-12-2018		

Additional Information

QR Code - Sections 3 & 8
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): 04/04/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative Shelby Glasby	Today's Date (mm/dd/yyyy) 04/04/2017	Title of Employer or Authorized Representative Recruiter
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) 7480 FLYING CLOUD DRIVE SUITE 200		City or Town MINNEAPOLIS
	State MN	ZIP Code 55344

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

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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This card belongs to the Social Security Administration and you must
return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33068, Baltimore, MD 21290-3008

For any other Social Security business information, contact your local
Social Security office. If you write to the above address for any business
other than returning a found card you will not receive a response.

Social Security Administration
Form SSA-3000 (08-2017)

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