



# 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) Smith		First Name (Given Name) Kennedy		Middle Initial O	Other Names Used (if any)	
Address (Street Number and Name) 1926 10 1/2 St NW			Apt. Number	City or Town Rochester	State MN	Zip Code 55901
Date of Birth (mm/dd/yyyy) 05/17/1995	U.S. Social Security Number 4715-219-61017		E-mail Address ksmith219@gmail.com		Telephone Number	

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):

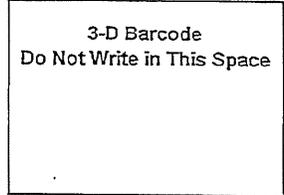
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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: \_\_\_\_\_



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: <i>Kennedy Smith</i>	Date (mm/dd/yyyy): <i>05/17/16</i>
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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: Smith, Kennedy

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>MN Driver's License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of MN</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>B152067562108</u>		Document Number: <u>475-29-6017</u>
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy): <u>05/17/2020</u>		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 <u>Andrea Findley</u>		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name) <u>Findley</u>		First Name (Given Name)		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MIN</u>
				Zip Code <u>55439</u>

### 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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## 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: Smith, Kennedy

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Minnesota Drivers License		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: State of MN		Issuing Authority: SSA
Document Number:		Document Number: B152067562108		Document Number: 475-29-6017
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 05/17/2020		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <b>3-D Barcode Do Not Write in This Space</b> </div>
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): 11/23/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Andrea Findley</i>		Date (mm/dd/yyyy) 11/23/2016	Title of Employer or Authorized Representative Admin. Assistant	
Last Name (Family Name) Findley		First Name (Given Name) Andrea	Employer's Business or Organization Name Corporate Management Group, LLC	
Employer's Business or Organization Address (Street Number and Name) 12000 N. Washington St. Suite 350		City or Town Thornton	State CO	Zip Code 80241

### 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



KENNEDY ONEIL SMITH  
1926 16 1/2 ST NW  
ROCHESTER, MN 55901

Date of Birth 05-17-1995  
Sex Eyes Class  
M BRN D  
Height Weight  
6-0 330 DONOR

ISSUED 05-2016 EXPIRES 05-17-2020

B152067562108

*Kennedy Smith*

SOCIAL SECURITY

875-29-5017

THIS NUMBER HAS BEEN ESTABLISHED FOR

KENNEDY ONEIL SMITH

*Kennedy Smith*  
SIGNATURE





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016328122859AX**

Report Prepared: 11/23/2016

**Company Information**

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Company ID: 31504

Company Name: Corporate Management Group, INC.

**Employee Information**

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Last Name: Smith

First Name: Kennedy

Date of Birth: 05/17/1995

Social Security Number: \*\*\* \*\* 6017

Hire Date: 11/23/2016

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: 05/17/2020

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/23/2016

Case Submitted By: AFIN1933

Closed On: 11/23/2016

Closed By: AFIN1933

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

SENSITIVE BUT UNCLASSIFIED



For more information contact us at 888-464-4218 or [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov).

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

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