



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017248155346AC

Report Prepared: 09/05/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Hickman

First Name: Luke

Date of Birth: 10/27/1989

Social Security Number: *** ** 7622

Hire Date: 09/05/2017

Citizenship Status: A citizen of the United States

Document Information

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

List C Document: Certification of Report of Birth (Form DS-1350)

Document Name: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 10/27/2021

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/05/2017

Case Submitted By: LLAR6177

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IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



LUKE EDWARD HICKMAN
400 5TH ST N
SARTELL, MN 56377

Date of Birth **10-27-1989**
Sex Eyes Class
M BRN ID
Height Weight
6-4 245

ISSUED **08-2017**

EXPIRES **10-27-2021**

Luke Hickman

C443057104211



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 *(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) Hickman		First Name (Given Name) Luke		Middle Initial E	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 400-5th Street North			Apt. Number N/A	City or Town Sartell		State MN
Date of Birth (mm/dd/yyyy) 10/27/1989		U.S. Social Security Number 4 6 9 - 1 9 - 7 6 2 2		Employee's E-mail Address N/A		Employee's Telephone Number (320) 493-8775

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 <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*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: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee <i>Luke Hickman</i>	Today's Date (mm/dd/yyyy) <u>09/05/2017</u>
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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 preparers and/or translators 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

STCPI *Employer Completes Next Page* STCPI



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

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Hickman	First Name (Given Name) Luke	M.I. E	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title ID card issued by state/territory		Document Title U.S. Birth certificate
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority State of Minnesota
Document Number N/A		Document Number C443057104211		Document Number 1989-MN-053791
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 10/27/2021		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				

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): 08/09/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Lori Larson</i>		Today's Date (mm/dd/yyyy) <u>09/05/2017</u>	Title of Employer or Authorized Representative On-Site Representative	
Last Name of Employer or Authorized Representative Larson	First Name of Employer or Authorized Representative Lori		Employer's Business or Organization Name Employer Solutions Group, LLC	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Drive Suite 200		City or Town Eden Prairie	State MN	ZIP Code 55344

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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

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