

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security

Report Prepared: 08/28/2015

E-Verify

Page: 1 of 1

Case Verification Number: 2015240115854DR

Case Information:

Employee Information:

Last Name:	Christner	First Name:	Michael
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 7147	Date of Birth:	05/05/1973
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	05/05/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/28/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	TBAR6407	Submitted On:	08/28/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: _____ Referred On: _____

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result: _____

Request Name Review:

Comments: _____
Submitted By: _____ Submitted On: _____

Case Result from DHS (after DHS Verification in Process):

Case Result: _____ Response Date: _____

Employee Referred to DHS:

Referred By: _____ Referred On: _____

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

TBAR6407

Closed On:

08/28/2015

SENSITIVE BUT UNCLASSIFIED



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) CHRISTNER		First Name (Given Name) MICHAEL		Middle Initial J	Other Names Used (if any)	
Address (Street Number and Name) 5638 N TOWN HALL RD			Apt. Number	City or Town EAU CLAIRE		State WI
Date of Birth (mm/dd/yyyy) 05/05/1973		U.S. Social Security Number 352-22-2147		E-mail Address MCHRISTNER02@GMAIL.COM		Zip Code 54703
					Telephone Number 715-204-9621	

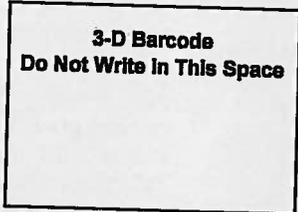
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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:	Date (mm/dd/yyyy): 08/24/2015
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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: Christner, Michael

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers License</u>		Document Title: <u>Certificate of Birth</u>
Issuing Authority:		Issuing Authority: <u>State of Wisconsin</u>		Issuing Authority: <u>State of Wisconsin</u>
Document Number:		Document Number: <u>C6235507 316503</u>		Document Number: <u>14700310</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>5-5-18</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>
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): 08/24/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>8/24/2015</u>	Title of Employer or Authorized Representative <u>Act. Rep</u>	
Last Name (Family Name) <u>BAUSHERS</u>		First Name (Given Name) <u>TAYLOR</u>		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>MN</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):

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:



WISCONSIN



DRIVER LICENSE Regular

C623-5507-3165-03



Class **DM**

Sex **M** Hair **BRO** Eyes **BLU** Height **5'07"** Weight **125**

DOB **05-05-1973**

Issued **04-22-2010**

Expires **05-05-2018**

MICHAEL J

CHRISTNER

635 DUTCHMAN DR #1

CHIPPEWA FALLS, WI 54729

FORM NO. VS-1
2004-REV.-1-68

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH

STATE FILING DATE
STATE BIRTH NO.

425

ORIGINAL CERTIFICATE OF LIVE BIRTH

148-

576
May 5, 1973

LOCAL FILE NUMBER

CHILD-NAME		First	Middle	Last
1. Michael		James	CHRISTNER	
CHILD	SEX	IF NOT SINGLE BIRTH (Born First, Second, Etc.)		
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4a. SINGLE		
NAME OF CITY OR VILLAGE		HOSPITAL-NAME		
5a. Eau Claire		Sacred Heart Hospital		
MOTHER-MAIDEN NAME		First	Middle	Last
6a. Joyce		Ann	Cotts	
RESIDENCE-STATE		NAME OF CITY, VILLAGE (If Neither, Name Township)		
7a. Wisconsin		7b. Dunn		
FATHER-NAME		First	Middle	Last
8a. Donald		Francis	Christner	
MOTHER		9a. Mother		
FATHER		9b. Mother		
9c. Wisconsin		9d. Wisconsin		
10a. Dr. F. F. Zborzlske		10b. May 2, 1973		
11a. Russ Casper, Deputy		11b. May 8, 1973		



KATHRYN A. CHRISTENSON
EAU CLAIRE COUNTY REGISTER OF DEEDS

I certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.

14700310

Date Issued:

AUG 27 2015

