



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2018040134331PE

Report Prepared: 02/09/2018

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Morris

First Name: Michael

Date of Birth: 03/28/1987

Social Security Number: *** ** 6132

Hire Date: 02/09/2018

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: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 03/28/2019

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 02/09/2018

Case Submitted By: ZZEP3284

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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

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) Norris	First Name (Given Name) Michael	M.I.	Citizenship/Immigration Status
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List A
Identity and Employment Authorization

OR

List B
Identity

AND

List C

Employment Authorization

Document Title	Document Title Driver License	Document Title Social Security
Issuing Authority	Issuing Authority State of Minnesota	Issuing Authority Social Security Administration
Document Number	Document Number SD09134723809	Document Number 426-65-6132
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 03-26-2019	Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority	QR Code - Sections 2 & 3 Do Not Write in This Space	
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): _____

(See Instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 02/09/2018	Title of Employer or Authorized Representative Recruiter
Last Name of Employer or Authorized Representative Zepeda	First Name of Employer or Authorized Representative Chilghean	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town
		State
		ZIP Code

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) 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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MINNESOTA DRIVER'S LICENSE



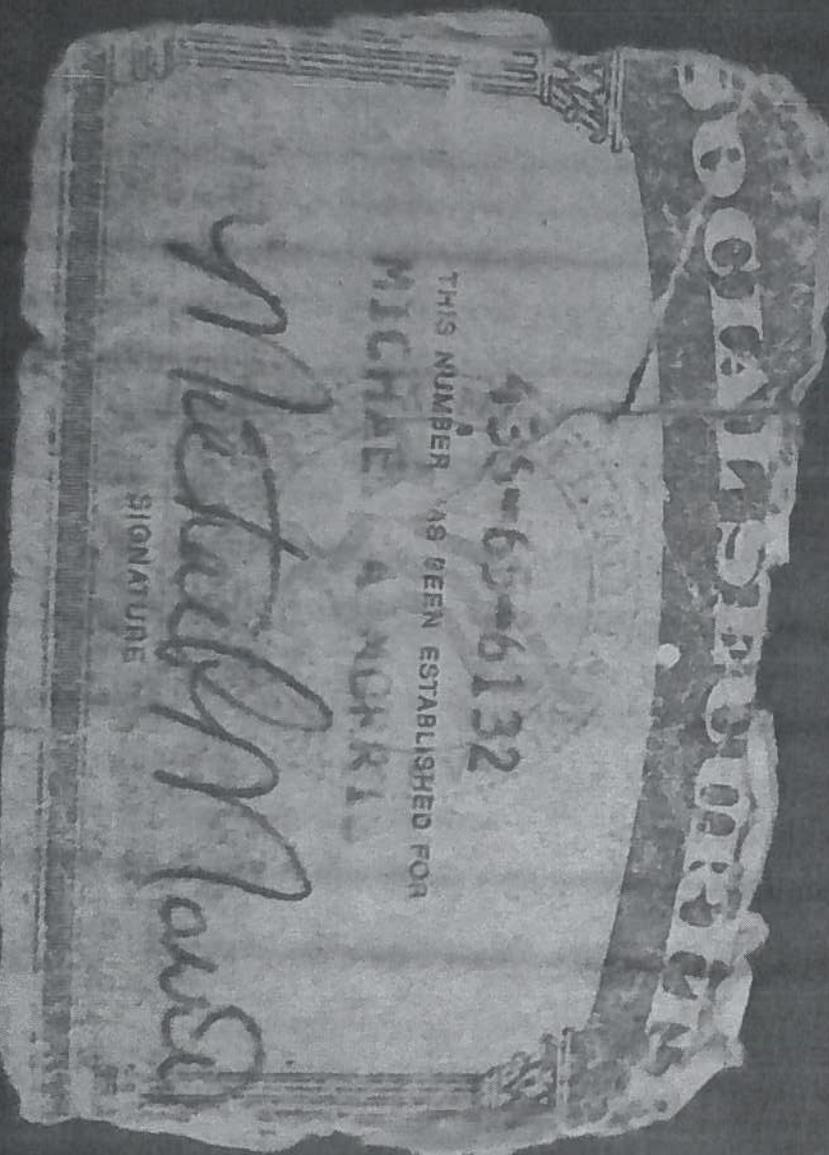
MICHAEL ANDREW MORRIS
8324 THOMAS AVE N
BROOKLYN PARK, MN 55444

Date of Birth 03-26-1987
Sex M
Eyes BRN
Class D
Height 5-5
Weight 140

ISSUED 10-2015

EXPIRES 03-26-2019

S009134723809

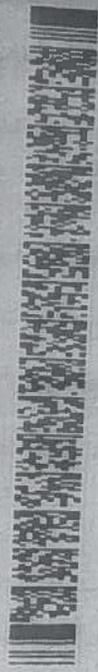




CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO 26000
LBS GVWR, ALL RECREATIONAL & FARM VEH. (M.S. 171.02)
ENDORSEMENTS: NONE

03-28-1987

RESTRICTIONS: CORRECTIVE LENSES



Card is invalid if not signed by the number holder unless
the signature prevents signature.

Proper use of this card and/or number holder identification
number by any other person is punishable by fine, imprisonment or both.

This card is the property of the Social Security Administration
and shall be returned upon request. If found, return to:

SSA/ATPN/FOUNDD SSN CAP 2
P.O. Box 17087, Baltimore Md. 21203

Contact your local Social Security office for any other matter
regarding this card.

Department of Health and Human Services
Social Security Administration

1-800-702-1987

3-20-87

B5230635