



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) <u>Smithka</u>	First Name (Given Name) <u>Michele</u>	M.I. <u>L</u>	Citizenship/Immigration Status <u>US Citizen</u>
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List A Identity and Employment Authorization OR List B Identity AND List C Employment Authorization

Document Title	Document Title <u>PA Driver's License</u>	Document Title <u>Social Security Card</u>
Issuing Authority	Issuing Authority <u>State of PA</u>	Issuing Authority <u>SSA</u>
Document Number	Document Number <u>22 146 522</u>	Document Number <u>155-58-2921</u>
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) <u>01/30/2022</u>	Expiration Date (if any)(mm/dd/yyyy)

Document Title	Additional Information	QR Code - Section 2 Do Not Write In This Space 
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): 02/12/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>	Today's Date (mm/dd/yyyy) <u>03/06/2018</u>	Title of Employer or Authorized Representative Executive Assistant	
Last Name of Employer or Authorized Representative Findley	First Name of Employer or Authorized Representative Andrea	Employer's Business or Organization Name Employer Solutions Staffing	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr. 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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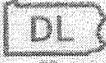
Pennsylvania DRIVER'S LICENSE
USA



DLN: 22 146 522 DUPS: 00
DOB: 01/29/1966
EXP: 01/30/2022 ISS: 02/15/2018

SMITHKA
MICHELE L
5153 KELLUM RD
BRACKNEY, PA 18812

SEX: F EYES: HAZ
HGT: 5-02"
CLASS: C
END: NONE
RESTR: NONE



Michele Linda Smithka DD: 806001002000
906000440067 ORGAN DONOR

SOCIAL SECURITY

155-58-2921

THIS NUMBER HAS BEEN ESTABLISHED FOR
MICHELE LINDA
SMITHKA

Michele Linda Smithka
SIGNATURE 02/15/2018