



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017282162246SE

Report Prepared: 10/09/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Vega

First Name: Mike

Date of Birth: 07/26/1961

Social Security Number: *** ** 7176

Hire Date: 10/09/2017

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: Social Security Card

Document Name: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 07/26/2021

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/09/2017

Case Submitted By: LLAR6177

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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) Vega | First Name (Given Name) Mike | M.I. N/A | Citizenship/Immigration Status 1 |
|-------------------------------------|---------------------------------|---------------------------------|-------------|-------------------------------------|

List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

| | | |
|--|---|---|
| Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A | Document Title ID card issued by state/territory Issuing Authority Minnesota Document Number H188001238017 Expiration Date (if any)(mm/dd/yyyy) 07/26/2021 | Document Title Social Security Card (Unrestricted) Issuing Authority Social Security Administration Document Number 477887176 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 | Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div> | |
| Document Title N/A Issuing Authority N/A Document Number N/A Expiration Date (if any)(mm/dd/yyyy) N/A | QR Code - Section 2 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): 09/01/2017 (See instructions for exemptions)

| | | | | |
|---|---|---|--|--|
| Signature of Employer or Authorized Representative <i>Lori Larson</i> | | Today's Date (mm/dd/yyyy) <u>10/09/2017</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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



MIKE VEGA
1207 34TH AVE N
ST CLOUD, MN 56303

Date of Birth 07-28-1981

| Sex | Eyes | Class |
|-----|------|-------|
| M | BRN | ID |

ISSUED 09-2017

EXPIRES 07-26-2021

Mike Vega

H188001238017