



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017285112001UH

Report Prepared: 10/12/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: IEIVA

First Name: MISAEI

Date of Birth: 09/05/1999

Social Security Number: *** ** 5897

Hire Date: 10/11/2017

Citizenship Status: A citizen of the United States

Document Information

List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: 507288573

Document Expiration Date: 01/03/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/12/2017

Case Submitted By: KRIT7027

Closed On: 10/12/2017

Closed By: KRIT7027

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

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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

► **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) <i>Leiva</i>		First Name (Given Name) <i>Misael</i>		Middle Initial <i>A</i>	Other Last Names Used (if any) <i>Garcia</i>	
Address (Street Number and Name) <i>886 Stryker Av</i>			Apt. Number	City or Town <i>West St Paul</i>	State <i>MN</i>	ZIP Code <i>55118</i>
Date of Birth (mm/dd/yyyy) <i>09/05/1999</i>	U.S. Social Security Number <i>469-37-3697</i>		Employee's E-mail Address <i>Leiva.misa@gmail.com</i>		Employee's Telephone Number <i>651-307-9840</i>	

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	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions)	

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

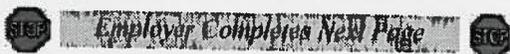
Signature of Employee <i>Misael Leiva</i>	Today's Date (mm/dd/yyyy) <i>09/28/17</i>
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Preparer and/or Translator Certification (check one):

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





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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) <i>Leiva</i>	First Name (Given Name) <i>Michael</i>	M.I.	Citizenship/Immigration Status
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List A		OR	List B		AND	List C	
Identity and Employment Authorization			Identity			Employment Authorization	
Document Title <i>Passport</i>	Document Title		Document Title			Document Title	
Issuing Authority <i>United States of America</i>	Issuing Authority		Issuing Authority			Issuing Authority	
Document Number <i>507061573</i>	Document Number		Document Number			Document Number	
Expiration Date (if any)(mm/dd/yyyy) <i>JAN 31 2018</i>	Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)			Expiration Date (if any)(mm/dd/yyyy)	
Document Title	Additional Information		QR Code - Sections 2 & 3 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): *10-11-2017* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) <i>10-11-2017</i>	Title of Employer or Authorized Representative <i>On-site Rep</i>	
Last Name of Employer or Authorized Representative <i>Hitter</i>	First Name of Employer or Authorized Representative <i>Hate</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	ZIP Code 55439

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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