



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017060141307WR

Report Prepared: 03/01/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Okello

First Name: Omot

Date of Birth: 06/06/1992

Social Security Number: *** ** 1069

Hire Date: 03/01/2017

Citizenship Status: A citizen of the United States

Document Information

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

Passport or Passport Card Number: 541510832

Document Expiration Date: 01/18/2026

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/01/2017

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) Okello	First Name (Given Name) Omot	M.I. O	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title U.S. Passport		Document Title N/A		Document Title N/A
Issuing Authority U.S. Department of State		Issuing Authority N/A		Issuing Authority N/A
Document Number 541510832		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 01/18/2026		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information <div style="border: 1px solid black; width: 100%; height: 100%;"></div>		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A				
Document Number N/A				
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				

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): 03/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Lori Larson</i>		Today's Date(mm/dd/yyyy) <u>03/01/2017</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) 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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