



**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) Quintanilla Pinto vda de Ticona		First Name (Given Name) Cleotilde		Middle Initial Q.	Other Last Names Used (if any)	
Address (Street Number and Name) 9918 Hamlet Ct. S.		Apt. Number	City or Town Cottage Grove		State MN	ZIP Code 55016
Date of Birth (mm/dd/yyyy) 06/04/1954	U.S. Social Security Number 162-19-2784	Employee's E-mail Address lucky.luciano_1@hotmail			Employee's Telephone Number 651 202 5203	

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 type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>A# 065-170-341</u>
<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: \_\_\_\_\_

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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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 <i>Juelana Lazaro</i>		Today's Date (mm/dd/yyyy) 12/27/16	
Last Name (Family Name) Lazaro		First Name (Given Name) Luciano	
Address (Street Number and Name) 9918 Hamlet Ct. S.		City or Town Cottage Grove	State MN
		ZIP Code 55016	



**Employer Completes Next Page**





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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) <b>Guintanilla</b>	First Name (Given Name) <b>Proto Cleotilde</b>	M.I. <b>Q</b>	Citizenship/Immigration Status <b>US Permanent Resident</b>
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List A Identity and Employment Authorization	OR VDA DE T	List B Identity	AND	List C Employment Authorization
Document Title <b>US Permanent Resident card</b>		Document Title		Document Title
Issuing Authority <b>USCIS</b>		Issuing Authority		Issuing Authority
Document Number <b>LOE0195392496</b>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <b>09/05/2026</b>		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				
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): **12/27/2016** (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>12/27/2016</b>	Title of Employer or Authorized Representative <b>Administrative Assi</b>	
Last Name of Employer or Authorized Representative <b>VANGI</b>	First Name of Employer or Authorized Representative <b>PANGI</b>	Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>	
Employer's Business or Organization Address (Street Number and Name) <b>7301 OHMS LANE SUITE 405</b>		City or Town <b>EDINA</b>	State <b>MN</b>
			ZIP Code <b>55439</b>

**Section 3. Reverification and Rehire (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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GENERAL INFORMATION TO ALL APPLICANTS

Surname  
**QUINTANILLA PINTO VDA DE TICO**

Given Name  
**CLEOTILDE QUIRINA**

USCIS#      Category  
**065-170-341      IRB**

Country of Birth  
**Peru**

Date of Birth      Sex  
**04 JUN 1964      F**

Card Expires:      **08/05/20**

Resident Since:      **08/05/16**



Signature Waived

# SOCIAL SECURITY

162-19-2784

THIS NUMBER HAS BEEN ESTABLISHED FOR

**CLEOTILDE QUIRINA  
QUINTANILLA PINTO VDA DE T**

*Cleotilde Q P*

SIGNATURE

12/02/2016

