



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016161143707BP

Report Prepared: 06/09/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Johnson

First Name: Ronald

Date of Birth: 01/04/1989

Social Security Number: *** ** 0897

Hire Date: 06/06/2016

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: This document has no expiration date

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 06/09/2016

Case Submitted By: MMUL1872

SENSITIVE BUT UNCLASSIFIED





Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Johnson		First Name (Given Name) Ronald		Middle Initial D	Other Names Used (if any)	
Address (Street Number and Name) 7748 hinton ave		Apt. Number 3	City or Town Cottage Grove		State MN	Zip Code 55016
Date of Birth (mm/dd/yyyy) 01-04-1989	U.S. Social Security Number 326-82-0697	E-mail Address zeess.johnson@gmail.com			Telephone Number 612 987-0873	

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):

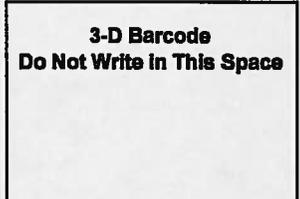
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy): 6-6-16
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page





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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Johnson, Ronald D.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Identification Card</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Social Security Admin</u>
Document Number:		Document Number: <u>none</u>		Document Number: <u>326-82-0697</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>n/a</u>		Expiration Date (if any)(mm/dd/yyyy): <u>n/a</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
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): 06/06/2016 See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Mulcahy</u>		Date (mm/dd/yyyy) <u>06/06/2016</u>	Title of Employer or Authorized Representative <u>Operations Supervisor</u>	
Last Name (Family Name) <u>Mulcahy</u>		First Name (Given Name) <u>Megan</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 01071989

Full Legal Name: Ronald Duggals Johnson

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MIN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: [REDACTED] COMPLETE MIDDLE NAME: [REDACTED] COMPLETE LAST NAME: [REDACTED]

Full Residence Address (WHERE YOU LIVE) Note: Make sure this is your CURRENT AND VALID ADDRESS. The post office will NOT forward your card.
 Number: 7748 Street: hinton ave Apt#: 3

City: Forest Grove State: MN Zip Code: 55016 Min County: Woods

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT RETURN MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE: _____ TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

Applicant's Physical Description: Eye Color: Blue Height: 5'11" Weight in Pounds: 170 Sex: Male Male Female

2016704154000

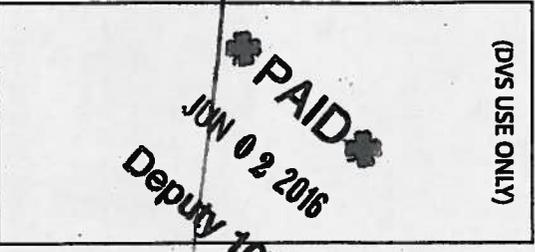
<p>TYPE</p> <input type="checkbox"/> REG <input type="checkbox"/> EDL <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> MBOP <input type="checkbox"/> CLP <input type="checkbox"/> REG IP <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	<p>RX #</p> <p>TESTS PASSED (STATE EXAM USE ONLY)</p> <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MIBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI	<p>RESTRICT/ENDORSE</p> <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE <p>FEES PAID</p> <p>APPLICATION: \$ <u>15.75</u></p> <p>OTHER FEES: \$</p> <p>REIN FEE: \$</p> <p>OTHER: \$</p> <p>ORGAN DONATION: \$</p>	<p>VISION</p> <input type="checkbox"/> PASS NR <input type="checkbox"/> PASS with CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: <u>Good</u> <p>PROPER ID</p> <input type="checkbox"/> YES <input type="checkbox"/> NO <u>FRW</u>
<p>NOTES:</p> <p><u>lost</u></p>	<p>INVALIDATED</p> <p>DL / ID / IP: <u> </u></p> <p>STATE: <u> </u></p> <p>Exp: <u> </u></p>		

Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

Driver's license questions: (651) 297-3298
 Motor Vehicle questions: (651) 297-2126
 License Status, available 24/7: (651) 284-2000
 TDD/TTY: (651) 282-6555



THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

Applicant Signature: [Signature]

Application Date: 06-02-16

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.
- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.



**Social Security Administration
Important Information**

Social Security Administration
SOCIAL SECURITY
TWIN CITIES CARD CTR
1811 CHICAGO AVE STE 2
MINNEAPOLIS, MN 55404-1998
Date: June 9, 2016

RONALD DEANGELO JOHNSON
APT 3
7748 HINTON AVE S
COTTAGE GROVE, MN 55016

This is a receipt to show that you applied for a Social Security card on June 9, 2016. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit the Minneapolis Card Center. If you choose to visit the office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

SOCIAL SECURITY ADMINISTRATION
1811 CHICAGO AVE STE 2
MINNEAPOLIS, MN 55404

KRB