



SENSITIVE BUT UNCLASSIFIED**Case Verification Number: 2017082145002TV**

Report Prepared: 03/23/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: russel

First Name: rickia

Date of Birth: 02/08/1980

Social Security Number: *** ** 1954

Hire Date: 03/23/2017

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: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 06/10/2018

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/23/2017

Case Submitted By: SGLA6832

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 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.

Last Name (Family Name) Russell		First Name (Given Name) Rickia		Middle Initial D	Other Last Names Used (if any)	
Address (Street Number and Name) 1420 Case Ave E			Apt. Number 2	City or Town St Paul		State MIN
Date of Birth (mm/dd/yyyy) 2/28/17		U.S. Social Security Number 320-74-1954		Employee's E-mail Address russellrickia@yahoo.com		Employee's Telephone Number 651-29-7410

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) <i>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.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of issuance: _____	

Signature of Employer Rickia Russell	Today's Date (mm/dd/yyyy) 2/28/17
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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



Employer Complete Next Page





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



Employee Info from Section 1	Last Name (Family Name) Russell	First Name (Given Name) Rickia	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	Document Title MN D.L. permit	Document Title SSA
Issuing Authority	Issuing Authority State of MN	Issuing Authority SSA
Document Number	Document Number T97025676115	Document Number 320-14-1954
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 06-10-2018	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
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)		

QR Code - Sections 2 & 3
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): 03-23-2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Shelby Glasby</i>	Today's Date (mm/dd/yyyy) 03-23-2017	Title of Employer or Authorized Representative Recruiter	
Last Name of Employer or Authorized Representative Glasby	First Name of Employer or Authorized Representative Shelby	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	



A. New Name (if applicable)			B. Date of Birth (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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MINNESOTA
INSTRUCTION PERMIT



RICKIA DENEER RUSSELL
1424 CASE AVE EAST APT 2
ST PAUL, MN 55106

Date of Birth 02-09-1980

Sex	Eyes	Class
F	BLK	IP

Height	Weight
5-9	150

ISSUED 06-2016

EXPIRES 08-10-2018

T870256761115

Rickia Russell

**Social Security Administration
Important Information**

Social Security Administration
SOCIAL SECURITY
TWIN CITIES CARD CTR
1811 CHICAGO AVE STE 2
MINNEAPOLIS, MN 55404-1998
Date: March 17, 2017

RICKIA DENEERUSSELL
APT 2
1424 CASE AVE E
ST PAUL, MN 55106

This is a receipt to show that you applied for a Social Security card on March 17, 2017. 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

AND