



# 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:**

**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) murillo		First Name (Given Name) samantha		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 5353 berkeley st			Apt. Number	City or Town montclair		State ca
Zip Code 91763		Date of Birth (mm/dd/yyyy) 04/06/1995	U.S. Social Security Number 606821197	E-mail Address samanthamurillo4613@yahoo.com		Telephone Number 909-542-7151

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): \_\_\_\_\_
- \_\_\_\_\_

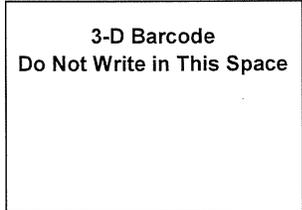
*(See instructions)*

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: <u>samantha murillo</u> <small>samantha murillo (Aug 19, 2016)</small>	Date (mm/dd/yyyy): Aug 19, 2016
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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**





## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card [REDACTED]	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		[REDACTED]	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		[REDACTED]	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		[REDACTED]	
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
		6. Military dependent's ID card		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
		7. U.S. Coast Guard Merchant Mariner Card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
		8. Native American tribal document		5. Native American tribal document	
		9. Driver's license issued by a Canadian government authority		6. U.S. Citizen ID Card (Form I-197)	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security	
		11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



### 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: Murillo, Samantha

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>CA Driver License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>State of CA</u>		Issuing Authority: <u>SSA</u>
Document Number:		Document Number: <u>F5760492</u>		Document Number: <u>6006-82-1197</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>04/06/2020</u>		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):				

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): 08/19/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>		Date (mm/dd/yyyy) <u>08/29/2016</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Findley</u>		First Name (Given Name) <u>Andrea</u>	Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>	
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.)

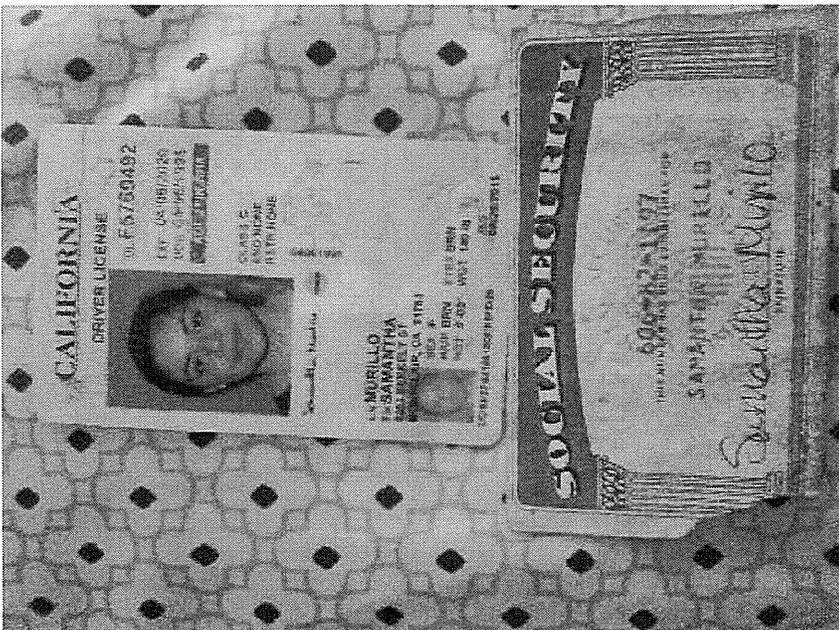
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. [REDACTED]

Document Title:	Document Number:
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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**CALIFORNIA**

DRIVER LICENSE

DL F5750492



SEX: F  
DOB: 08/06/1991  
HAIR: BROWN  
EYES: BROWN

CLASS: C  
SEX: F  
HT: 5-00  
WT: 110

EXPIRES: 08/06/2018

SAMANTHA MURILLO  
1000 S. GARDEN ST. #101  
SANTA ANA, CA 92705  
TEL: 714.244.1234

**SOCIAL SECURITY**

6007826497  
THE ABOVE IS THE CORRECT  
SAMANTHA MURILLO  
Samantha Murillo





SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016250132248JN**

Report Prepared: 09/06/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Murillo

First Name: Samantha

Date of Birth: 04/06/1995

Social Security Number: \*\*\* \*\* 1197

Hire Date: 08/19/2016

Citizenship Status: A citizen of the United States

**Document Information**

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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: California

Driver's License or ID Card Number:

Document Expiration Date: 04/06/2020

**Case Status Information**

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Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 09/06/2016

Case Submitted By: AFIN3846

Closed On: 09/06/2016

Closed By: AFIN3846

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

SENSITIVE BUT UNCLASSIFIED



For more information contact us at 888-464-4218 or [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov).

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

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