



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) Sachleben		First Name (Given Name) Steven		Middle Initial J	Other Names Used (if any) N/a	
Address (Street Number and Name) 313 N Neisse st			Apt. Number N/a	City or Town Blue Grass		State IA
Zip Code 52726		Date of Birth (mm/dd/yyyy) 01/29/1990	U.S. Social Security Number 484-17-2203	E-mail Address		Telephone Number

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):

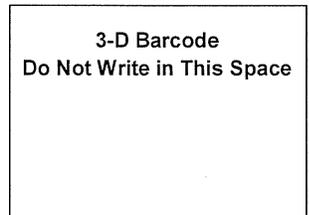
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: <u>Steven Sachleben</u> <small>Steven Sachleben (Oct 23, 2015)</small>	Date (mm/dd/yyyy): Oct 23, 2015
--	---------------------------------

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

IOWA

USA
IA

DRIVER LICENSE



041 SACHLEBEN
STEVEN JACOB

313 N NEISSE ST
BLUE GRASS, IA 52726

DL No. 053CC8861

ISS 02/01/2013

EXP 01/29/2018

Class C End NONE
Restrictions B

Sex M
Hgt 5'-09"
Eyes BLU

Steven Jacob Sachleben

DOB 01/29/1990

DONOR

DD 966591280SS0946M290118R

STATE OF IOWA

STATE OF IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH 114- 90-002284
CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME FIRST: STEVEN MIDDLE: JACOB LAST: SACHLEBEN		2. DATE OF BIRTH (Mo., Day, Yr.) January 29, 1990		3. HOUR OF BIRTH 2:58 P.		4. COUNTY OF BIRTH Scott	
5. SEX Male		6. PLACE OF BIRTH (Specify hospital, clinic, or other place and time and on the date stated) Davenport Medical Center, Davenport		7. CITY, TOWN OR LOCATION OF BIRTH Davenport		8. INSIDE CITY LIMITS Yes	
9. PLACE OF BIRTH (Specify hospital, clinic, or other place and time and on the date stated) <input checked="" type="checkbox"/> Practitioner (Birth Center) <input type="checkbox"/> Clinic/Doctors' Office <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		10. SIGNATURE /s/ Ronald Meseke		11. DATE SIGNED (Mo., Day, Yr.) 1/29/90		12. SIGNATURE /s/ Robert V. Knight	
13. CERTIFIER'S NAME AND TITLE (Type Print) Ronald Meseke		14. STREET AND NUMBER OF MAILING ADDRESS (If other than center) Davenport, Iowa		15. ATTENDANT'S NAME AND TITLE (If other than center) (Type Print) Robert V. Knight		16. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 14, 1990	
17. MOTHER'S NAME FIRST: Victoria MIDDLE: Anne LAST: Wagner		18. FATHER'S NAME FIRST: Steven MIDDLE: Michael LAST: Sachleben		19. DATE OF BIRTH (Mo., Day, Yr.) 11/10/69		20. DATE OF BIRTH (Mo., Day, Yr.) 10/7/86	
21. RESIDENCE-STATE Iowa		22. COUNTY Scott		23. CITY, TOWN OR LOCATION Walcott		24. STREET AND NUMBER OF RESIDENCE R. R. #31, BOX 89	
25. MOTHER'S MAILING ADDRESS (If same as above, enter 2nd Code only) 52773		26. FATHER'S MAILING ADDRESS (If same as above, enter 2nd Code only) 52773		27. PLACE OF BIRTH (Mo., Day, Yr.) Iowa		28. RELATION TO CHILD Mother	

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.



JAN 19 2005
DATE ISSUED
50708883
FORM #8-03-03-2002

Thomas J. Vilsack
GOVERNOR, STATE OF IOWA
Sally J. Pederson, Lt. Governor

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

STATE REGISTRAR OF VITAL RECORDS

**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: Sachleben, Steven J.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Drivers License		Document Title: Birth certificate
Issuing Authority:		Issuing Authority: State of Iowa		Issuing Authority: State of Iowa
Document Number:		Document Number: 053CC8861		Document Number: 114-90-002284
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 01/29/2018		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				<div style="border: 1px solid black; padding: 5px;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				

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): 10/23/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 10/25/2015	Title of Employer or Authorized Representative Administrative Assistant	
Last Name (Family Name) Scholl		First Name (Given Name) Caitlin	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

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:
---	--------------------	--



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2015308134821HJ

Report Prepared: 11/04/2015

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Sachleben

First Name: Steven

Date of Birth: 01/29/1990

Social Security Number: *** ** 2203

Hire Date: 11/04/2015

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: U.S. birth certificate (original or certified copy)

Document Name: Driver's license

Document State: Iowa

Driver's License or ID Card Number: 053CC8861

Document Expiration Date: 01/29/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/04/2015

Case Submitted By: CSCH4411

Closed On: 11/04/2015

Closed By: CSCH4411

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

SENSITIVE BUT UNCLASSIFIED