



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017278151631CN
Report Prepared: 10/05/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: STEWART

First Name: RAEKWON

Date of Birth: 01/30/1998

Social Security Number: *** ** 3829

Hire Date: 10/05/2017

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: This document has no expiration date

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/05/2017

Case Submitted By: KRIT7027

Closed On: 10/05/2017

Closed By: KRIT7027

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

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.

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) Stewart		First Name (Given Name) Roekwon		Middle Initial S	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 140 Case Ave			Apt. Number 1	City or Town Saint Paul		State MN
Date of Birth (mm/dd/yyyy) 1/30/1998		U.S. Social Security Number 468-35-3829		Employee's E-mail Address Stewart.Roekwon@...@...@...		Employee's Telephone Number 651-263-9544

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):

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

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 **Roekwon Stewart** Today's Date (mm/dd/yyyy) **9-25-17**

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			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





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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) <i>Stewart</i>	First Name (Given Name) <i>Barclay</i>	M.I. <i>S</i>	Citizenship/Immigration Status <i>Legal</i>
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List A Identity and Employment Authorization		OR	List B Identify	AND	List C Employment Authorization
Document Title	Document Title <i>Social Security</i>		Document Title <i>Certificate of Vital Record</i>		
Issuing Authority	Issuing Authority <i>S.S.A</i>		Issuing Authority <i>State of Minnesota</i>		
Document Number	Document Number <i>468-35-3839</i>		Document Number <i>1998-MN-017001</i>		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		
Document Title	Additional Information		Document Title	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			Document Title		
Document Number			Issuing Authority		
Expiration Date (if any)(mm/dd/yyyy)			Document Number		
Document Title			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): *09-25-17* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kate Ritter</i>	Today's Date (mm/dd/yyyy) <i>09-25-2017</i>	Title of Employer or Authorized Representative <i>On-site Rep</i>	
Last Name of Employer or Authorized Representative <i>Ritter</i>	First Name of Employer or Authorized Representative <i>Kate</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7480 FLYING CLOUD DRIVE SUITE 200	City or Town EDEN PRAIRIE	State MN	ZIP Code 55344

Section 3. Reverification and Rehires (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) <i>Stewart</i>	First Name (Given Name) <i>Barclay</i>	Middle Initial <i>S</i>	Date (mm/dd/yyyy) <i>9-25-17</i>	

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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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) Stewart	First Name (Given Name) RaeKwon	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Social Security Card		Document Title MN Drivers License
Issuing Authority		Issuing Authority S.S.A		Issuing Authority State of Minnesota
Document Number		Document Number 4108-35-3329		Document Number B922 009 2543
Expiration Date (if any)(mm/dd/yyyy)		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				
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): **10-05-17** (See instructions for exemptions)

Signature of Employer or Authorized Representative NRitter		Today's Date (mm/dd/yyyy) 10-05-2017	Title of Employer or Authorized Representative On-site Rep.	
Last Name of Employer or Authorized Representative Ritter	First Name of Employer or Authorized Representative Kate	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)			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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This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:
Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
- DO NOT carry it with you.

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (12-2002)

E 55817485

STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1998-MN-017881

FULL NAME **RAEKWON STEPHON STEWART**

DATE OF BIRTH **JANUARY 30, 1998**

TIME **10:26 PM**

PLURALITY **SINGLE (1)**

SEX **MALE**

PLACE OF BIRTH **UNITED HOSPITAL
SAINT PAUL RAMSEY MINNESOTA**

PARENT **CARLA CHAKAKHAN SMITH**

NAME PRIOR TO FIRST MARRIAGE **SMITH**

DATE OF BIRTH **MARCH 22, 1978**

PLACE OF BIRTH **ILLINOIS**

PARENT **THOMAS D. STEWART JR.**

DATE OF BIRTH **SEPTEMBER 28, 1974**

PLACE OF BIRTH **ILLINOIS**

ANY AMENDMENT MADE PRIOR TO 08/08/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
10681300



62A-000719107

FILED: MAY 07, 1998

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: APRIL 13, 2017

RAMSEY COUNTY DEPT. OF PUBLIC HEALTH

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA.

