



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) Zafke		First Name (Given Name) Susan		Middle Initial J	Other Names Used (if any)	
Address (Street Number and Name) 1610 O Day St So			Apt. Number	City or Town Maplewood Mn	State Mn	Zip Code 55119
Date of Birth (mm/dd/yyyy) 8-26-46	U.S. Social Security Number 504-523930	E-mail Address zafke9892@a.com			Telephone Number 651-290-9892	

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):

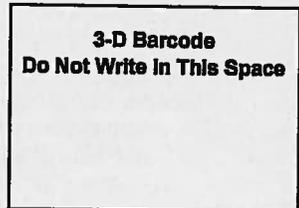
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Susan Zafke	Date (mm/dd/yyyy): 11/2/15
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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: Zafke, Susan.

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver license.</u>		Document Title: <u>Bureau of Health Care</u>
Issuing Authority:		Issuing Authority: <u>State of MN</u>		Issuing Authority: <u>Department of Public Safety</u>
Document Number:		Document Number: <u>0661121792319.</u>		Document Number: <u>N/A</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>8-6-2018</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): 11/2/15 (See Instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>11/2/15</u>	Title of Employer or Authorized Representative <u>Asst. Rep.</u>	
Last Name (Family Name) <u>ARIAS</u>		First Name (Given Name) <u>MARY</u>	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):
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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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CITY OF SAINT PAUL
Department of Public Safety
BUREAU OF HEALTH

To Whom It May Concern:

This is to certify that there has been recorded in the office of the Bureau of Health of the City of Saint Paul, Minnesota, the report of the following birth:

Name of Child Susana June Ramirez Sex Female

Names of Parents Ysabel J. and Benita (Saavedra) Ramirez

Date of Birth August 6, 1946

Filed August 10, 1946 R. B. J. SCHOCH, N. D.

Date: March 28, 1947 REGISTRAR

Per Audrey Loe

SM 11-46

MINNESOTA
DRIVER'S LICENSE



SUSAN JUNE ZAFKE
1010 ODAY ST S
MAPLEWOOD, MN 55110

Date of Birth 08-06-1946
Sex F Eyes BRN Class D
Height 5-2 Weight 172
ISSUED 09-2014 EXPIRES 08-06-2018
SUSAN ZAFKE

Q667121792319