



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) <i>Suckstorf</i>		First Name (Given Name) <i>Tammie</i>		Middle Initial <i>R.</i>	Other Names Used (if any) <i>Houfek</i>	
Address (Street Number and Name) <i>416 North 10th Street</i>			Apt. Number —	City or Town <i>Norfolk</i>		State <i>NE</i>
Date of Birth (mm/dd/yyyy) <i>11/28/1972</i>		U.S. Social Security Number <i>506-08-1565</i>		E-mail Address <i>tentam7@yahoo.com</i>		Telephone Number <i>(402)860-4997</i>

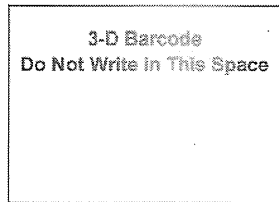
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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: <i>Tammie Suckstorf</i>	Date (mm/dd/yyyy): <i>11/28/1972</i>
--	--------------------------------------

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: Suckstorf, Tammie R.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's license</u>		Document Title: <u>Birth certificate</u>
Issuing Authority:		Issuing Authority: <u>Nebraska</u>		Issuing Authority: <u>Nebraska Health Department</u>
Document Number:		Document Number: <u>H12129222</u>		Document Number: <u>126-72-2199</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>11/28/2015</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): 06/25/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Caitlin Scholl</u>		Date (mm/dd/yyyy) <u>06/29/2015</u>	Title of Employer or Authorized Representative <u>Administrative Assistant</u>	
Last Name (Family Name) <u>Scholl</u>		First Name (Given Name) <u>Caitlin</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
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):

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:

NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

4d License No. **H12129222** 4a ISS **12-10-2010**
3 DOB **11-28-1972** 4b EXP **11-28-2015**
9a End **NONE** 9 Class **O**
12 Rest. **B**
15 Sex **F** 16 Hgt **508** 17 Wgt **145**
18 Eyes **BRO** 19 Hair **BRO**

1 **TAMMIE R SUCKSTORF**
2 **416 N 10TH ST**
3 **NORFOLK, NE 68701**

Tammie Ruckstorf
5 DD 0540089078400000

DONOR

Nebraska

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

07/02/2015

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH

128- 72 21199
 H-100 BIRTH NUMBER

1. CHILD - NAME FIRST MIDDLE LAST Tammie Rachel Houfek			2. DATE OF BIRTH (MONTH, DAY, YEAR) November 28, 1972		3. HOUR 9:42A M.
4. SEX Female	5. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single		6. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		7. COUNTY OF BIRTH Madison
8. CITY, TOWN, OR LOCATION OF BIRTH Norfolk			9. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	10. HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Our Lady of Lourdes Hospital	
11. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Vivian Carolyn Hughey			12. AGE (AT TIME OF THIS BIRTH) 25	13. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Arkansas	
14. RESIDENCE - STATE Nebraska	15. COUNTY Madison	16. CITY, TOWN, OR LOCATION, zip code Norfolk 68701		17. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	18. STREET AND NUMBER 221 Miller
19. FATHER - NAME FIRST MIDDLE LAST Bernard Eugene Houfek			20. AGE (AT TIME OF THIS BIRTH) 26	21. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
22. INFORMANT - NAME OR SIGNATURE Mrs. Bernard E. Houfek			23. RELATION TO CHILD Mother		
24. I CERTIFY THAT THE ABOVE NAMED CHILD WAS ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			25. DATE SIGNED (MONTH, DAY, YEAR) November 30, 1972		26. ATTENDANT - M.D., D.O., OTHER (SPECIFY) M.D.
27. SIGNATURE CERTIFIER - NAME (TYPE OR PRINT) R. E. Klaas, M.D.			28. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1300 Nebraska Ave., Norfolk, Nebraska 68701		
29. REGISTRAR - SIGNATURE <i>David DeCamp</i>			30. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR December 7, 1972		

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/29/2015
Page: 1 of 1

Case Verification Number: 2015180122922TM

Case Information:

Employee Information:

Last Name:	Suckstorf	First Name:	Tammie
Middle Initial:	R	Other Names Used:	
Social Security Number:	*** ** 1565	Date of Birth:	11/28/1972
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Certification of Report of Birth (Form DS-1350)
Document Name:	Driver's license	Document State:	Nebraska
Driver's License or ID Card Number:	H12129222	Document Expiration Date:	11/28/2015
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	06/25/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	06/29/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:	
Submitted By:	Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED