



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016125155750TF

Report Prepared: 05/04/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Oo

First Name: Than

Date of Birth: 01/01/1993

Social Security Number: *** ** 4292

Hire Date: 05/04/2016

Citizenship Status: A lawful permanent resident

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

Alien Number: 212443414

Document Name: Driver's license

Document State: Texas

Driver's License or ID Card Number:

Document Expiration Date: 01/01/2021

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 05/04/2016

Case Submitted By: CLOP1873

Closed On: 05/04/2016

Closed By: CLOP1873

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

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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) <u>Do</u>		First Name (Given Name) <u>Than</u>		Middle Initial <u>S</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>883 Galtier St.</u>			Apt. Number <u>B</u>	City or Town <u>St Paul</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>01/01/1993</u>		U.S. Social Security Number <u>33697-4292</u>		E-mail Address		Telephone Number <u>651-484 9063</u>

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): 212 443 414
- 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:

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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>TSD</u>	Date (mm/dd/yyyy): <u>04/30/2016</u>
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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





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:

Dr. Than S.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>Driver license</i>		Document Title: <i>SS card</i>
Issuing Authority:		Issuing Authority: <i>Texas</i>		Issuing Authority: <i>SS Admin</i>
Document Number:		Document Number: <i>38106014</i>		Document Number: <i>336-97-4292</i>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>01/01/2021</i>		Expiration Date (if any)(mm/dd/yyyy): <i>NA</i>
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): *05/04/2016* (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Claudia Lopez</i>		Date (mm/dd/yyyy) <i>05/04/2016</i>	Title of Employer or Authorized Representative <i>Staffing Coordinator</i>	
Last Name (Family Name) <i>Lopez</i>		First Name (Given Name) <i>Claudia</i>	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:

Texas **DRIVER LICENSE** USA TX



DL 38106014 Class C
Exp 07/21/2014 Exp 01/01/2021
DOB 01/01/1993
THAN SAW
109 COLLIER ST #22
CENTER TX 75935
Restrictions NONE End NONE
Hgt 5-01 Sex M Eyes BRO
DD 01210490079251815865

TSO

SOCIAL SECURITY

335-97-4392

THIS NUMBER HAS BEEN ESTABLISHED FOR
THAN SAW

ADMINISTRATION

them Saw oo

SIGNATURE 09/09/2011

USA