



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: Hodges, Theodore D

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Id card Receipt</u>		Document Title: <u>Social Security</u>
Issuing Authority:		Issuing Authority: <u>State of MN</u>		Issuing Authority: <u>Social Security Admin</u>
Document Number:		Document Number: <u>N/A</u>		Document Number: <u>471-35-9311</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>N/A</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): 09/21/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Lu Han Dang</u>		Date (mm/dd/yyyy) <u>09/21/2016</u>	Title of Employer or Authorized Representative <u>Staffing coordinator</u>	
Last Name (Family Name) <u>Dang</u>		First Name (Given Name) <u>Lu Han</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):
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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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SOCIAL SECURITY

SOCIAL SECURITY
472-37-9311

THIS NUMBER HAS BEEN ESTABLISHED FOR

THEODORE DELANO HODGES JR

Theo Hodges

SIGNATURE



MINNESOTA DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: 08271998

BIRTH DATE (Month/Day/Year)

COMPLETE FIRST NAME: Theodore

COMPLETE MIDDLE NAME: Delano

COMPLETE LAST NAME: Hargers JR

PREVIOUS LEGAL NAME (ONLY APPLIES IF YOU CHANGED IT SINCE LAST MN DRIVER'S LICENSE, EDL, ID OR IP APPLICATION):

COMPLETE FIRST NAME: [REDACTED]

COMPLETE MIDDLE NAME: [REDACTED]

COMPLETE LAST NAME: [REDACTED]

STREET: 684 Western Ave

CITY: St. Paul

STATE: MN

ZIP CODE: 55103

APR#: Hargers

MIN COUNTY: MN

OPTIONAL MAILING ADDRESS (SEE #1 ON BACK OF WHITE COPY) MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD. I AFFIRM THAT THE U.S. POSTAL SERVICE WILL NOT DELIVER MAIL TO MY RESIDENCE ADDRESS SHOWN ABOVE. INITIAL HERE TO HAVE YOUR CARD SENT TO THE ADDRESS BELOW.

NUMBER: [REDACTED] STREET: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

APPLICANT'S PHYSICAL DESCRIPTION: EYE COLOR: BRYN, HEIGHT: 5 FT 11 IN, WEIGHT IN POUNDS: 152, MALE/FEMALE: MALE

2016702258037

<p>TYPE</p> <p><input type="checkbox"/> REG <input type="checkbox"/> EDL</p> <p><input type="checkbox"/> A <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> B <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> C <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> D <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> PROV <input type="checkbox"/> DUP</p> <p><input checked="" type="checkbox"/> EDL <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> MBOP <input type="checkbox"/> DUP</p> <p><input type="checkbox"/> CLP</p> <p><input type="checkbox"/> REG IP</p>	<p>TESTS PASSED (STATE EXAM USE ONLY)</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> MC</p> <p><input type="checkbox"/> MBOP</p> <p><input type="checkbox"/> GK</p> <p><input type="checkbox"/> AIR</p> <p><input type="checkbox"/> COMB</p> <p><input type="checkbox"/> DBL/TRIPLE</p> <p><input type="checkbox"/> PASSENGER</p> <p><input type="checkbox"/> SCHOOL BUS</p> <p><input type="checkbox"/> TANKER</p> <p><input type="checkbox"/> HAZMAT</p> <p><input type="checkbox"/> DWI</p> <p><input type="checkbox"/> RT Passed</p> <p><input type="checkbox"/> RT Waived</p>	<p>RESTRICT/ENDORSE</p> <p><input type="checkbox"/> MC ORIGINAL</p> <p><input type="checkbox"/> MC RENEWAL</p> <p><input type="checkbox"/> ADD/REMOVE</p> <p>FEES PAID</p> <p>APPLICATION: \$ 161.25</p> <p>OTHER FEES:</p> <p>MC: \$</p> <p>SB PHYS: \$</p> <p>REIN FEE: \$</p> <p>OTHER: \$</p> <p>ORGAN DONATION: \$</p>	<p>VISION</p> <p><input type="checkbox"/> PASS NR</p> <p><input type="checkbox"/> PASS with CL</p> <p><input type="checkbox"/> INCOMPLETE</p> <p><input type="checkbox"/> ATTACHED:</p> <p>PROPER ID</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>PC</p> <p>SSC</p> <p>INVALIDATED</p> <p>DL / ID / IP</p> <p>STATE:</p> <p>EXP:</p>
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NOTES: RT Waived

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

X Applicant Signature: *Thodore Hargers JR*

Application Date: *09/14/2016*

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT

This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification.

This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above.

This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record.

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

(DVS USE ONLY)

PAID Deputy 140 SEP 14 2016

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Visit dvs.dps.mn.gov to:

- Check the status of your driving privileges
- Schedule a road test

Questions? Contact Us:

- Driver's License Questions: 651-297-3298
- License Status, available 24/7: 651-284-1234
- DVS Locations: 651-297-2005
- Motor Vehicle Questions: 651-297-2126
- TDD/TTY: 651-282-6555