



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

Section 2. Employer or Authorized Representative Review and Verification.
 (Employers or their authorized representative must complete and sign Section 2 within 8 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 "List of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) THOO	First Name (Given Name) ROLO	M.I. -	Citizenship/Immigration Status Authorized Alien
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List A		OR	List B		AND	List C	
Identity and Employment Authorization			Identify			Employment Authorization	
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)
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)
Document Title	Issuing Authority	Document Number	Expiration Date (if any)(mm/dd/yyyy)	Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space	
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)				
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): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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 Rehire (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) THOO	First Name (Given Name) ROLO	Middle Initial -	Date (mm/dd/yyyy) 12/30/2016	

O. 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) 12/30/2016	Name of Employer or Authorized Representative Pang Van Administrative Asst.
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MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



KO LO HTOO
 910 FOREST ST APT G3
 ST PAUL, MN 55108
 Date of Birth 10-13-1994
 Sex M Eyes BLK Class ID
 Height 44 Weight 110
 ISSUED 08-2016 EXPIRES 10-13-2020
 STATUS CHECK 10-08-2017
 J600181575706

SOCIAL SECURITY

894-69-4207

THIS NUMBER HAS BEEN ESTABLISHED FOR

KO LO HTOO

SIGNATURE *Kolo Htoo* 09/16/2015

USA

UNITED STATES OF AMERICA

EMPLOYMENT AUTHORIZATION CARD

1000-10-13 (1-98) 548 0001



NAME

STANISLAW

LAST NAME

SOLO

WORKER

212-274-499

Country of Birth

Burkina Faso

Category Code

A03

UN182A180783

EXPIRES

18 OCT 1994

EXPIRES

08/27/96

EXPIRES

10/08/97

Signature: Stanislaw Solo



NOT VALID FOR REENTRY TO US

