

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Varez</u>	First <u>Casey</u>	Middle Initial <u>P</u>	Maiden Name
Address (Street Name and Number) <u>500 30th Street</u>		Apt. #	Date of Birth (month/day/year) <u>04/14/1993</u>
City <u>Boulder</u>	State <u>CO</u>	Zip Code <u>80310</u>	Social Security # <u>615-70-4217</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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature
Casey Varez

Date (month/day/year) 02/03/2012

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		<u>drivers license</u>		<u>Corp. Sec. Title</u>
Issuing authority: _____		<u>State of CA</u>		<u>State of CA</u>
Document #: _____		<u>E1784895</u>		<u>19341 001928</u>
Expiration Date (if any): _____		<u>4/14/13</u>		<u>N/A</u>
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 2/9/12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>MARITA FORNEY</u>	Title <u>Recruiting Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Employers Solutions Staffing Group</u> <u>7301 OHMS LANE, SUITE 405</u> <u>EDINA, MN 55439</u>		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year)
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18-2017 **CALIFORNIA** DMV

CLASS: C DRIVER LICENSE
E1784893 EXPIRES 04-14-13

CASEY PATRICK VAEZ
238 IRVING ST
SAN MATEO, CA 94402

SEX: M HAIR: BRN EYES: BRN
HT: 5-05 WT: 127 DOB: 04-14-93

PROVISIONAL UNTIL AGE 18 IN 2011
RSTR: 47 59
AGE 21 IN 2014



Casey Vaez

06/02/2009 593 25/11 06/02/2009

104-

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1-93-41 001928
 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

THIS CHILD	1A NAME OF CHILD—FIRST (GIVEN) CASEY		1B MIDDLE PATRICK		1C LAST (FAMILY) VAEZ	
	2 SEX MALE	3A THIS BIRTH SINGLE TWIN, ETC. SINGLE	3B IF MULTIPLE, THIS CHILD 1ST 2ND ETC. -	4A DATE OF BIRTH—MONTH DAY YEAR APRIL 14, 1993		4B HOUR—24 HOUR CLOCK TIME 0920
PLACE OF BIRTH	5A PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY MILLS MEMORIAL HOSPITAL			5B STREET ADDRESS—STREET NUMBER OR LOCATION 100 S SAN MATEO DRIVE		
	5C CITY SAN MATEO			5D COUNTY SAN MATEO		5E PLANNED PLACE OF BIRTH HOSPITAL
FATHER OF CHILD	6A NAME OF FATHER—FIRST (GIVEN) JOSEPH		6B MIDDLE E.	6C LAST (FAMILY) VAEZ		7 STATE OF BIRTH MEXICO
MOTHER OF CHILD	8A NAME OF MOTHER—FIRST (GIVEN) COLETTE		8B MIDDLE FRANCES	8C LAST (MAIDEN) O'BRIEN		9 STATE OF BIRTH WA
PARENT'S CERTIFICATION	1 CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A PARENT OR OTHER INFORMANT—SIGNATURE <i>Colette Frances O'Brien Vaez</i>		12B RELATIONSHIP TO CHILD <i>mother</i>	12C DATE SIGNED 4/15/93
	1 CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE HOUR AND PLACE STATED		13A ATTENDANT OR CERTIFIER—SIGNATURE—FIRST OR LAST <i>J G Tappan</i>		13B LICENSE NUMBER A-23884	13C DATE SIGNED 5/3/93
CERTIFICATION OF BIRTH	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT J G TAPPAN, MD, 100 S. BILSWORTH, SAN MATEO				14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT	
	15A DATE OF DEATH	15B STATE FILE NO (STATE USE ONLY)	16 LOCAL REGISTRAR <i>George B. Rowland</i>		17 DATE ACCEPTED FOR REGISTRATION MAY 11 1993	

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

225 West 37th Avenue
San Mateo, California 94403

This is to certify that, if bearing the raised department seal, this is a true copy of the document filed in this office.



GEORGE B. ROWLAND, MD, MPH
 Health Officer and Registrar

May 18, 1993

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/09/2012
Page: 1 of 1

Case Verification Number: 2012040124128EQ

Case Information:**Employee Information:**

Last Name:	Vaez	First Name:	Casey
Middle Initial:	P	Maiden Name:	
Social Security Number:	*** ** 4217	Date of Birth:	04/14/1993
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	California
Driver's License or ID Card Number:		Document Expiration Date:	04/14/2013
Alien Number:		1-94 Number:	

Additional Information:

Hire Date:	02/03/2012	Employer Case ID:	
Three-Day Rule Reason:	Other	Three-Day Rule - Other:	Employee obtaining documentation from parent
Submitted By:	MFON4558	Submitted On:	02/09/2012

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:		Maiden Name:	
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:



Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Vaez Casey P 04/14/1993
Last First Middle Date of Birth

Social Security Number: 615 - 70 - 4217 Date of Hire: 2/3/12

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

I affirm all four of the following:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

MARITA FORNEY
 Print Name of Employer (or Designated Representative)

Recruiting Manager
 Official Title

Marita Forney
 Signature of Employer (or Designated Representative)

2/9/12
 Date Signed

Employer Solutions Staffing Group, LLC
7301 Ohms Lane, Suite 405
Edina, MN 55439
 Business or Organization Name

303 / 920 / 1425
 Employer Phone Number

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.