



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017108092610TN

Report Prepared: 04/18/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: vue

First Name: ethan

Date of Birth: 11/16/1998

Social Security Number: *** ** 8487

Hire Date: 04/18/2017

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: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 08/18/2018

Case Status Information

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 04/18/2017

Case Submitted By: SGLA6832

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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 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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) VUE		First Name (Given Name) ETHAN		Middle Initial N	Other Last Names Used (if any)	
Address (Street Number and Name) 7074 Irving Ave S			Apt. Number	City or Town Cottage Grove	State MN	ZIP Code 55016
Date of Birth (mm/dd/yyyy) 11/16/1948	U.S. Social Security Number 472-35-9497		Employee's E-mail Address ethanvue3303@gmail.com		Employee's Telephone Number 651-270-4570	

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 boxes):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
 Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- 1. Alien Registration Number/USCIS Number: _____
OR
- 2. Form I-94 Admission Number: _____
OR
- 3. Foreign Passport Number: _____
Country of Issuance: _____

OH Code - Section 1
 Do Not Write in This Space

Signature of Employee: **Ethan Vue** Today's Date (mm/dd/yyyy): **02/16/2017**

Preparer and/or Translator Certification (check one)
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)
 I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____ Today's 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



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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) VUE	First Name (Given Name) ETHAN	M.I.	Citizenship/Immigration Status US Citizen
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization

Document Title	Document Title MN DL	Document Title SSC
Issuing Authority	Issuing Authority State of MN	Issuing Authority SSA
Document Number	Document Number B962087191517	Document Number 472-35-8487
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 08-18-2018	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
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): 04-18-2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative Sheelby Gladstone	Today's Date(mm/dd/yyyy) 04-18-2017	Title of Employer or Authorized Representative Recruiter
Last Name of Employer or Authorized Representative Gladstone	First Name of Employer or Authorized Representative Sheelby	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7480 FLYING CLOUD DRIVE SUITE 200	City or Town MINNEAPOLIS	State MN
		ZIP Code 55344

Section 3. Reverification and Rehires (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)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. 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)	Name of Employer or Authorized Representative
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MINNESOTA

DRIVER'S LICENSE PROVISIONAL



UNDER 21

ETHAN NENG VUE
7074 IRVIN AVE S
COTTAGE GROVE, MN 56016

Date of Birth 11-16-1998 AGE 18 11-16-2018

Sex	Eye	Class
M	BRN	D

Height 5-8 Weight 169

ISSUED 09-2016 EXPIRES 09-18-2018



B962067191617

Grand Ave

SOCIAL SECURITY

SOCIAL SECURITY
ADMINISTRATIVE

THIS NUMBER HAS BEEN ESTABLISHED FOR

ETHAN NENG VUE

Ethan Neng VUE
SIGNATURE