

A121001238664



# MINNESOTA

IDENTIFICATION CARD

NOT A DRIVER'S LICENSE

TAURUS LAVARR WILLIAMS  
1673 HALLMARK CIR  
OAKDALE, MN 55128

Date of Birth 11-18-1986  
Sex M  
Height 6-4  
Weight 240  
Issued 08-2015



EXPIRES 11-18-2019

**Social Security Administration  
Important Information**

Social Security Administration  
SOCIAL SECURITY  
TWIN CITIES CARD CTR  
1811 CHICAGO AVE STE 2  
MINNEAPOLIS, MN 55404-1998  
Date: December 14, 2015

1-888-847-0392

TAURUS LAVARR WILLIAMS  
1573 HALLMARK CIR  
OAKDALE, MN 55128

This is a receipt to show that you applied for a Social Security card on December 14, 2015. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit the Minneapolis Card Center. If you choose to visit the office, please bring this receipt with you. To protect your privacy, we will not disclose a social security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager **SMK**

SOCIAL SECURITY ADMINISTRATION  
TWIN CITIES CARD CENTER  
VISIT OUR WEBSITE  
WWW.SOCIALSECURITY.GOV

**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: Williams, Taurus.

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title: <u>ID Card</u>	Document Title: <u>SS Receipt.</u>
Issuing Authority:	Issuing Authority: <u>State of MN</u>	Issuing Authority: <u>SSA</u>
Document Number:	Document Number: <u>A121551236604.</u>	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): <u>11-18-2019.</u>	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):		

**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): 12-14-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>12-14-15</u>	Title of Employer or Authorized Representative <u>Asst Rep.</u>	
Last Name (Family Name) <u>ARIAS.</u>		First Name (Given Name) <u>maby</u>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

**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: