



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2015299133922WS**

Report Prepared: 10/26/2015

**Company Information**

Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

Last Name: Hill

First Name: James

Date of Birth: 06/04/1987

Social Security Number: \*\*\* \*\* 2193

Hire Date: 10/26/2015

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: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 06/04/2018

**Case Status Information**

Current Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/26/2015

Case Submitted By: KRIT3361

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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 03/31/2016

**▶ START HERE.** 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 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) <b>Hill</b>		First Name (Given Name) <b>James</b>		Middle Initial <b>M</b>	Other Names Used (if any)	
Address (Street Number and Name) <b>7521 westworth</b>			Apt. Number	City or Town <b>Richfield</b>	State <b>MN</b>	Zip Code <b>55123</b>
Date of Birth (mm/dd/yyyy) <b>06/04/1987</b>	U.S. Social Security Number <b>9168-17-2193</b>	E-mail Address <b>Jayhill8081@gmail.com</b>			Telephone Number <b>952-452-0255</b>	

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):

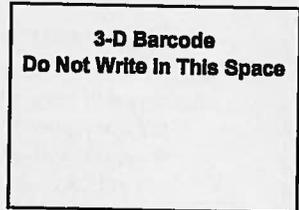
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <b>JAMES HILL</b>	Date (mm/dd/yyyy): <b>10/26/15</b>
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**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.

Signature of Preparer or Translator:			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





### 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: Hill, James

List A Identify and Employment Authorization	OR List B Identify	AND List C Employment Authorization
Document Title:	Identification Card	Certificate of Birth
Issuing Authority:	State of Minnesota	State of Minnesota
Document Number:	394207009515	1987-MN-027703
Expiration Date (if any)(mm/dd/yyyy):	06-04-2018	NA
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): 10-20-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>10-20-15</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Wade</u>		Employer's Business or Organization Name <b>EMPLOYER SOLUTIONS STAFFING GROUP LLC</b>
Employer's Business or Organization Address (Street Number and Name) <b>7301 OHMS LANE SUITE 405</b>		City or Town <b>EDINA</b>	State <b>MN</b>	Zip Code <b>55439</b>

### 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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# MINNESOTA

IDENTIFICATION CARD  
NOT A DRIVER'S LICENSE



JAMES MANUEL HILL, III  
7621 WENTWORTH AVE S  
RICHFIELD, MN 55423

Date of Birth 06-04-1987

Sex	Eyes	Class
M	BRN	ID

Height	Weight
6-1	260

ISSUED 08-2015

EXPIRES 08-04-2018

B942070095115



STATE OF MINNESOTA  
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1987-MN-027723

FULL NAME JAMES MANUEL HILL III  
DATE OF BIRTH JUNE 04, 1987  
SEX MALE  
PLACE OF BIRTH MINNEAPOLIS HENNEPIN MINNESOTA  
PARENT THERESA ANN  
NAME AT BIRTH CONNOR  
PARENT JAMES MANUEL HILL JR

ANY AMENDMENT MADE PRIOR TO 08/09/2000 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.  
REGISTRANT'S LAST NAME AMENDED BY STATE REGISTRAR STATEMENT, DATA ENTRY ERROR CORRECTION 08/08/2007.  
DATA ITEM(S) OTHER THAN THE REGISTRANT'S NAME OR DATE OF BIRTH WAS AMENDED 08/08/2007.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID  
9290619



000007231  
82E-000007231

FILED: JUNE 24, 1987

*Molly Mulcahy Crawford*

Molly Mulcahy Crawford  
STATE REGISTRAR

ISSUED: MARCH 18, 2015

WASHINGTON COUNTY - PUBLIC HEALTH - CG

THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER  
WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA.

