



# 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) <i>Expose Jr</i>		First Name (Given Name) <i>Jerry</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>870 Clark St</i>			Apt. Number	City or Town <i>ST Paul</i>	State <i>MN</i>	Zip Code <i>55130</i>
Date of Birth (mm/dd/yyyy) <i>04/06/1968</i>	U.S. Social Security Number <i>565-39-8124</i>	E-mail Address <i>Jerry expose@yahoo.com</i>			Telephone Number <i>651 404 8371</i>	

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):

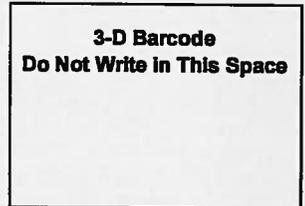
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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: <i>Jerry Expose Jr</i>	Date (mm/dd/yyyy): <i>11/19/15</i>
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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: Expose, Jerry

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver License</u>		Document Title: <u>Social Security</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>S.S.A</u>
Document Number:		Document Number: <u>MS432988164312</u>		Document Number: <u>565-39-8124</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>02-17-2016</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
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): 11/19/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>11/19/15</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>[Signature]</u>		First Name (Given Name) <u>[Signature]</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 Hire (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 DRIVER'S LICENSE/ENHANCED DRIVER'S LICENSE IDENTIFICATION CARD/INSTRUCTION PERMIT APPLICATION RECEIPT

THIS IS NOT A STANDALONE IDENTIFICATION DOCUMENT

MINNESOTA DRIVER'S LICENSE, INSTRUCTION PERMIT OR IDENTIFICATION CARD NUMBER: **W543298864312** BIRTH DATE (MM/DD/YYYY): **04/06/1968**

FULL LEGAL NAME: **SERRY, COMPLETE FIRST NAME: SERRY, COMPLETE MIDDLE NAME: [NONE], COMPLETE LAST NAME: EXPOSE JR**

PREVIOUS LEGAL NAME: [REDACTED] COMPLETE FIRST NAME: [REDACTED] COMPLETE MIDDLE NAME: [REDACTED] COMPLETE LAST NAME: [REDACTED]

FULL RESIDENCE ADDRESS: **870 CLARK ST** NOTE: MAKE SURE THIS IS A CURRENT AND VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

NUMBER: [REDACTED] CITY: **ST PAUL** STATE: **MN** ZIP CODE: **55130** MN COUNTY: **RANDOLPH**

OPTIONAL MAILING ADDRESS: MAKE SURE THIS IS A VALID ADDRESS. THE POST OFFICE WILL NOT FORWARD YOUR CARD.

NUMBER: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED] MN COUNTY: [REDACTED]

APPLICANT'S PHYSICAL DESCRIPTION

EYE COLOR: **BRN** HEIGHT: **5** FT. **07** IN. WEIGHT IN POUNDS: **155** GENDER:  MALE  FEMALE

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions: **651-297-3298**  
 License Status, available 24/7: **651-284-2000**  
 General DVS Information: **651-296-6911**  
 TDD/TTY: **651-282-6555**



**Driver's License Services**

2015702323

200

<b>TYPE</b> <input checked="" type="checkbox"/> REG <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PROV <input type="checkbox"/> ID <input type="checkbox"/> MBOP <input type="checkbox"/> CDL IP <input type="checkbox"/> REG IP <b>INDICATORS</b> <input type="checkbox"/> SENIOR <input type="checkbox"/> LTD MOBILITY <input type="checkbox"/> SNOWMOBILE <input type="checkbox"/> FIREARM <input type="checkbox"/> S or TC <input type="checkbox"/> VETERAN	<b>TESTS PASSED</b> <input type="checkbox"/> D <input type="checkbox"/> MC <input type="checkbox"/> MBOP <input type="checkbox"/> GK <input type="checkbox"/> AIR <input type="checkbox"/> COMB <input type="checkbox"/> DBL/TRIPLE <input type="checkbox"/> PASSENGER <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TANKER <input type="checkbox"/> HAZMAT <input type="checkbox"/> DWI <input type="checkbox"/> RT Passed <input type="checkbox"/> RT Waived	<b>RESTRICT/ENDORSE</b> <input type="checkbox"/> MC ORIGINAL <input type="checkbox"/> MC RENEWAL <input type="checkbox"/> ADD/REMOVE <b>FEES PAID APPLICATION</b> <b>\$ 15.75</b> <b>OTHER FEES</b> <b>MC \$</b> <b>SB/PHYS \$</b> <b>REIN FEE \$</b> <b>OTHER \$</b> <b>ORGAN DONATION \$</b>	<b>VISION</b> <input checked="" type="checkbox"/> PASS MR <input type="checkbox"/> PASS WITH CL <input type="checkbox"/> INCOMPLETE <input type="checkbox"/> ATTACHED: <b>PROPER ID</b> <b>1RW</b> <b>EDL DOCS</b> <b>INVALIDATED:</b> <input checked="" type="checkbox"/> DL/ID/IP <input type="checkbox"/> STATE <input type="checkbox"/> EXP.
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Notes: **Dup Lost**

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct, if I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

SIGNATURE: **Jerry Expose Jr** APPLICATION DATE: **11/19/15**

**THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.**

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record

- Not valid as Enhanced Driver's License (EDL) for border crossings.
- Lost, stolen and duplicate EDL cards are deactivated and may not be used for border crossings.

(DVS USE ONLY)

**PAID**

**NOV 19 2015**

**Deputy 140**

