



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016015103050MU

Report Prepared: 01/15/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Najera

First Name: Evangelina

Date of Birth: 10/09/1965

Social Security Number: *** ** 3785

Hire Date: 01/15/2016

Citizenship Status: A citizen of the United States

Document Information

List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: 432586639

Document Expiration Date: 10/29/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 01/15/2016

Case Submitted By: CLOP1873

Closed On: 01/15/2016

Closed By: CLOP1873

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

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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 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: Najera, Evangelina

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>US Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>United States Department of State</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>432586639</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>10/29/2017</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		Previously Sent Copp.		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:		Previously Sent Copp.		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:		Previously Sent Copp.		
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): 01/15/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) <u>01/15/2016</u>	Title of Employer or Authorized Representative <u>Staffing Coordinator</u>	
Last Name (Family Name) <u>Lopez</u>		First Name (Given Name) <u>Claudia</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
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:

