

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/07/2015
Page: 1 of 1

Case Verification Number: 2015097122550RR

Case Information:**Employee Information:**

Last Name:	Oceguera Mendez	First Name:	Angelica
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 0252	Date of Birth:	11/04/1988
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	ID card issued by a U.S. federal, state or local government agency	List C Document:	Social Security Card
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	04/07/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	04/07/2015

Initial Case Result:

Case Result: SSA Tentative Nonconfirmation (TNC)
 The citizenship status selected for this employee did not match SSA records.

Employee Referred to SSA:

Referred By: _____ Referred On: _____

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result: _____

Request Name Review:

Comments: _____
 Submitted By: _____ Submitted On: _____

Case Result from DHS (after DHS Verification in Process):

Case Result: _____ Response Date: _____

Employee Referred to DHS:

Referred By: _____ Referred On: _____

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: _____ Response Date: _____

Photo Matching Results:

Determination: _____

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee was terminated by the employer for choosing not to contest a Tentative Nonconfirmation.

Closed By:

ESAG6409

Closed On:

04/07/2015

SENSITIVE BUT UNCLASSIFIED

Notificación de acciones posteriores requeridas No confirmación tentativa de la Administración del Seguro Social (SSA TNC)

For SSA Field Office Staff: use EV-STAR and see POMS RM 10245.005ff	
Ocegüera Mendez	Angelica
Apellido del empleado	Nombre del empleado
257-73-0252	11/1988
Número de Seguro Social del empleado	Mes/Año de nacimiento del empleado
04/07/2015	2015097122550RR
Fecha de la No confirmación tentativa de la SSA	Número de verificación del caso
Motivo de la presente Notificación:	SSA no es capaz de confirmar la ciudadanía estadounidense: El estatus de ciudadanía seleccionado para este empleado no coincide con los registros de la Administración del Seguro Social.

INSTRUCCIONES PARA EL EMPLEADOR:

1. Revise la presente Notificación de acciones posteriores requeridas en privado con el empleado lo más pronto posible.
IMPORTANTE: Si el idioma materno del empleado no es el inglés o si tiene límites para leer o comprender el idioma inglés, también usted deberá proporcionar una versión traducida de la presente Notificación de acciones posteriores requeridas al empleado. Las versiones traducidas se encuentran disponibles en la sección 'View Essential Resources' de E-Verify. Si el empleado no puede leer este documento por otros motivos, usted deberá proporcionarle la información en un formato alternativo.
2. Revise que toda la información en la parte superior de la presente Notificación de acciones posteriores requeridas sea correcta. Si esta información es incorrecta, cierre este caso en E-Verify y cree uno nuevo con la información correcta.
3. Pídale al empleado que indique si contestará la No confirmación tentativa de la SSA (SSA TNC) colocando su firma y la fecha en la Página 2 de la presente Notificación de acciones posteriores requeridas, y luego coloque su firma y la fecha a continuación como el empleador.
4. Proporcione una copia de la Notificación de acciones posteriores requeridas firmada al empleado en inglés (y una versión traducida, si corresponde), y adjunte el original en el Formulario I-9 del empleado.
5. Inicie sesión en E-Verify y busque este caso usando la información anterior. Siga las instrucciones en E-Verify para derivar el caso a la SSA si el empleado contesta la TNC, o cerrar el caso si el empleado no contesta la SSA TNC. Si el empleado decide no contestar la SSA TNC, puede finalizar la relación laboral y cerrar el caso en E-Verify.
IMPORTANTE: Si el empleado contesta la SSA TNC, derive el caso al SSA, imprima la Confirmación de Fecha de Derivación de E-Verify, proporcione la al empleado, y indique al empleado que debe visitar al SSA dentro de los 8 días laborables del Gobierno Federal tal como se especifica en la Confirmación de Fecha de Derivación.

Firma del empleador y fecha

He notificado a este empleado sobre la No confirmación tentativa de la SSA y le he proporcionado una copia de la presente Notificación de acciones posteriores requeridas.	
Employer Solutions Staffing Group	Emily Sage
Nombre del empleador	Nombre del representante del empleador
4/7/15	
Fecha	Firma del representante del empleador

INSTRUCCIONES PARA EL EMPLEADO:

Por qué usted ha recibido la presente Notificación de acciones posteriores requeridas

Su empleador participa en E-Verify, un programa administrado por el Departamento de Seguridad Nacional de EE. UU. (DHS) y la Administración del Seguro Social (SSA). E-Verify compara la información que usted proporcionó en el Formulario I-9, Verificación de elegibilidad de empleo, con los registros disponibles en el DHS a fin de verificar que está autorizado para trabajar en los Estados Unidos.

Usted ha recibido la presente Notificación de acciones posteriores requeridas de su empleador ya que E-Verify ha emitido el resultado de la No confirmación tentativa de la SSA (SSA TNC). Una SSA TNC quiere decir que la información ingresada en E-Verify por su empleador no corresponde con los registros de la SSA. Una SSA TNC no necesariamente quiere decir que usted ha proporcionado información incorrecta a su empleador, o que no esté autorizado para trabajar en los Estados Unidos. Visite las páginas For Employees en: www.dhs.gov/E-Verify para conocer los motivos por los que ha recibido una SSA TNC.

Lo que debe hacer:

1. Revise que la información en la Página 1 de la presente Notificación de acciones posteriores requeridas sea correcta. Si no lo es, proporcione la información correcta a su empleador. Su empleador debe cerrar este caso en E-Verify y usar la información corregida para crear un caso nuevo.
2. Decida si contestará (tomará medidas para resolver) a la SSA TNC e informe su decisión a su empleador.
IMPORTANTE: Si decide no contestar la SSA TNC, su caso pasará a ser una No confirmación final, lo que quiere decir que su empleador puede finalizar su relación laboral.
3. Seleccione su decisión de contestar o no, y coloque su firma y la fecha en la presente Notificación de acciones posteriores requeridas a continuación. Si decide tomar medidas para contestar a la SSA TNC, para empezar la resolución de la SSA TNC, deberá acudir a una oficina de la SSA **dentro de los 8 días laborables del Gobierno Federal** a partir de la fecha en que su empleador deriva su caso en E-Verify.
IMPORTANTE: Revise en la Página 3 de la presente notificación la información importante sobre las responsabilidades de su empleador y sus derechos.

Seleccione la casilla, y coloque su firma y la fecha a continuación:

Decido: (marque una opción)			
<input type="checkbox"/>	CONTESTAR (tomar medidas para resolver la SSA TNC)		
<input checked="" type="checkbox"/>	NO CONTESTAR (no tomar medidas para resolver la SSA TNC)		
Firma del empleado	Angelica Oseguera	Fecha	4/7/15

Lo que debe hacer para tomar medidas para resolver la SSA TNC:

1. Acuda a una oficina de la SSA **dentro de los 8 días laborables del Gobierno Federal** a partir de la fecha en que su empleador deriva su caso a la SSA para empezar a resolver su caso. Su empleador debe proporcionarle la Confirmación de Fecha de Derivación que le dirá la fecha en la que debe acudir a la SSA.
Para ubicar una oficina de la SSA, visite www.socialsecurity.gov/locator o llame a la SSA al número: 800-772-1213 (teletipo: 800-325-0778). Si vive en un área donde existe un Centro de emisión de tarjetas de Seguro Social, debe acudir al Centro de emisión de tarjetas.
IMPORTANTE: Si usted es un ciudadano estadounidense naturalizado, y el motivo de la presente notificación que se encuentra en la Página 1 es "**La SSA no puede confirmar la ciudadanía estadounidense;**" no es necesario que acuda a una oficina de la SSA para resolver la SSA TNC. Por el contrario, llame al DHS al número: 888-897-7781 **dentro de los 8 días laborables del Gobierno Federal** a partir de la fecha en que su empleador deriva su caso (teletipo: 877-875-6028) para confirmar su estado de ciudadano estadounidense. Proporcione la siguiente información al DHS:
 - El número de verificación del caso de la Página 1 de la presente Notificación de acciones posteriores requeridas; Y,
 - Su Número de certificado de naturalización o Número extranjero. Si no tiene su Número de certificado de naturalización o Número extranjero, acuda a una oficina de la SSA con su evidencia de ciudadanía estadounidense para resolver la SSA TNC.
2. Cuando acuda a la oficina de la SSA lleve la presente Notificación de acciones posteriores requeridas. Indique a la SSA que acudió a ellos por un problema en E-Verify.
3. Lleve los siguientes documentos originales a la oficina de la SSA, si los tiene. La SSA podría requerir lo siguiente:

- Evidencia de su edad; por ejemplo: certificado de nacimiento o pasaporte.
- Evidencia de su identidad; por ejemplo: licencia de conducir o pasaporte.
- Evidencia del cambio de nombre legal, por ejemplo: certificado de matrimonio, en caso de que su nombre actual no se muestre en su tarjeta de número de Seguro Social actual.
- Evidencia de ciudadanía estadounidense o del estado de su autorización para trabajar:
 - Si es ciudadano estadounidense, por ejemplo: Certificado de naturalización, certificado de registro civil de nacimiento, o pasaporte estadounidense; o,
 - Si no es ciudadano estadounidense, por ejemplo: Tarjeta de residente permanente (Formulario I-551 o "tarjeta verde"), Documento de autorización de empleo (Formulario I-766), o Registro de Llegada/salida (Formulario I-94) que muestre el estado de su autorización para trabajar.

CONOZCA SUS DERECHOS

Esta página ofrece información importante sobre las responsabilidades de su empleador y sus derechos.

- Los empleadores le deben notificar de inmediato y en privado sobre cualquier No confirmación tentativa (TNC).
- Los empleadores deben permitirle que conteste una TNC y no pueden tomar represalias contra usted por la TNC mientras contesta dicha TNC y su caso en E-Verify esté pendiente.
- Usted tiene 8 días laborables del Gobierno Federal a partir de la fecha en que el empleador deriva el caso en E-Verify para acudir a una oficina de la SSA o comunicarse con el DHS para contestar la TNC.
- Los empleadores no deben discriminarle por su ciudadanía, estado de inmigración, o su origen nacional.
- Los empleadores no pueden usar E-Verify con criterio selectivo o para preseleccionar candidatos. E-Verify se debe usar para todos los nuevos empleados, independientemente de su ciudadanía, estado de inmigración, o su origen nacional.
- Los empleadores no pueden usar E-Verify para verificar a los empleados existentes, salvo que el empleador actualmente sea un contratista federal que tenga el Reglamento federal de adquisiciones (FAR), cláusula E-Verify, en su contrato federal.
- Los empleadores deben mostrar con claridad los afiches de "Notificación de participación en E-Verify" y "Derecho a trabajar" en todos los idiomas proporcionados por el DHS.
- Los empleadores pueden despedir a los empleados por cualquier TNC solo después de recibir una No confirmación final, o después de que el empleado haya decidido no contestar una TNC.
- Los empleadores no pueden usar E-Verify para verificar de nuevo los empleados existentes cuya autorización de empleo haya vencido. Por el contrario, los empleadores deben completar la Sección 3 del Formulario I-9, Verificación de elegibilidad de empleo, o completar un Formulario I-9 nuevo.

Para solicitar más información

Si tiene alguna pregunta sobre lo que debe hacer, comuníquese con E-Verify al número: 888-897-7781 (teletipo: 877-875-6028), o envíe un correo electrónico a: E-Verify@dhs.gov. Si necesita ayuda en un idioma distinto al inglés, puede solicitar un intérprete al representante del cliente de E-Verify. Para obtener más información sobre E-Verify, incluyendo nuestras prácticas de privacidad y los reglamentos del programa, visite el sitio web de E-Verify en: www.dhs.gov/E-Verify.

Para comunicarse con la SSA, llame al número: 800-772-1213 (teletipo: 800-325-0778), o visite el sitio web de la SSA en: www.socialsecurity.gov/.

Cómo denunciar infracciones

Si considera que su empleador ha infringido los reglamentos de E-Verify o lo ha tratado de manera injusta, le alentamos a que denuncie este hecho. Para denunciar el mal uso de E-Verify, incluyendo infracciones de la privacidad y quejas generales de E-Verify, comuníquese con la Línea directa del empleado de E-Verify al número: 888-897-7781 (teletipo: 877-875-6028), o envíe un correo electrónico a: E-Verify@dhs.gov.

Para denunciar cualquier discriminación laboral basada en su ciudadanía, estado de inmigración, o su origen nacional, comuníquese con el Departamento de Justicia, División de Derechos civiles, Oficina del Consejero Especial (OSC) sobre Prácticas Injustas en el Empleo Relacionadas con la Inmigración al número: 800-255-7688 (teletipo: 800-237-2515). La interpretación en distintos idiomas está disponible para las personas que llamen. Para obtener más información, ingrese al sitio web de OSC en: www.justice.gov/crt/about/osc.

Proteja su identidad

Si desea obtener más información sobre el robo de identidad o fraude y los pasos simples que puede tomar para protegerse, visite: ftc.gov/idtheft.

Further Action Notice

Social Security Administration Tentative Nonconfirmation (SSA TNC)

For SSA Field Office Staff: use EV-STAR and see POMS RM 10245.005ff	
Oceguera Mendez	Angelica
Employee's Last Name	Employee's First Name
257-73-0252	11/1988
Employee's Social Security Number	Employee's Month/Year of Birth
04/07/2015	2015097122550RR
Date of SSA Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	SSA was unable to confirm U.S. citizenship: The citizenship status selected for this employee did not match Social Security Administration records.

EMPLOYER INSTRUCTIONS:

- Review this Further Action Notice in private with the employee as soon as possible.
IMPORTANT: If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
- Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
- Ask the employee to indicate whether he or she will contest the SSA Tentative Nonconfirmation (SSA TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
- Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
- Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to SSA if the employee contests the TNC, or close the case if the employee does not contest the SSA TNC. If the employee chooses not to contest the SSA TNC, you may terminate his or her employment and close the case in E-Verify.
IMPORTANT: If the employee contests the SSA TNC, refer the case to SSA, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to visit SSA within 8 Federal Government working days as specified in the Referral Date Confirmation.

Employer Signature and Date

I have notified this employee of the SSA Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.	
Employer Solutions Staffing Group	Emily Sage
Employer's Name	Employer Representative's Name
Date	Employer Representative's Signature

EMPLOYEE INSTRUCTIONS:

Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of SSA Tentative Nonconfirmation (SSA TNC). An SSA TNC means that the information entered into E-Verify by your employer does not match SSA records. An SSA TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the [For Employees](http://www.dhs.gov/E-Verify) pages at www.dhs.gov/E-Verify to learn the reasons you may have received an SSA TNC.

What you should do:

1. Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide the correct information to your employer. Your employer should close this E-Verify case and use the corrected information to create a new case.
2. Decide if you will contest (take action to resolve) the SSA TNC and inform your employer of your decision.
IMPORTANT: If you decide not to contest the SSA TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
3. Select your decision to contest or not contest and sign and date this Further Action Notice below. If you decide to take action to contest the SSA TNC, to begin to resolve the SSA TNC, you must visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case in E-Verify.
IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

Select box, sign and date below:

I choose to: (check one)	
<input type="checkbox"/>	CONTEST (take action to resolve the SSA TNC)
<input type="checkbox"/>	NOT CONTEST (not take action to resolve the SSA TNC)
Employee's Signature	Date

What you must do to take action to resolve the SSA TNC:

1. Visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case to SSA to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must visit SSA.
To locate an SSA field office, visit www.socialsecurity.gov/locator or call SSA at 800-772-1213 (TTY: 800-325-0778). If you live in an area where there is a Social Security Card Center, you are required to visit the Card Center.
IMPORTANT: If you are a naturalized U.S. citizen and the reason for this notice on Page 1 is "**SSA is unable to confirm U.S. citizenship;**" you do not need to visit an SSA field office to resolve the SSA TNC. Instead, call DHS at 888-897-7781 **within 8 Federal Government working days** from the date your employer refers your case (TTY: 877-875-6028) to confirm your status as a U.S. citizen. Provide DHS the following information:
 - The case verification number from Page 1 of this Further Action Notice; AND
 - Your Naturalization Certificate Number or Alien Number. If you do not have your Naturalization Certificate Number or your Alien Number, visit an SSA field office with your proof of U.S. citizenship to resolve the SSA TNC.
2. Bring this Further Action Notice when you visit the SSA field office. Tell SSA that you are there because of an E-Verify issue.

3. Bring the following original documents to the SSA field office, if you have them. SSA may require:
 - Proof of your age; for example, a birth certificate or passport
 - Proof of your identity; for example, a driver's license or passport
 - Proof of a legal name change; for example, a marriage certificate, if your current name is not displayed on your current Social Security number card.
 - Proof of U.S. citizenship or your work-authorized status:
 - If you are a U.S. citizen, for example, a Naturalization Certificate, U.S. public birth certificate, or U.S. passport, or
 - If you are not a U.S. citizen, for example, a Permanent Resident Card (Form I-551 or "green card"), Employment Authorization Document (Form I-766), or Arrival-Departure Record (Form I-94) showing work-authorized status.

KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.

To contact SSA, call 800-772-1213 (TTY: 800-325-0778) or visit SSA's website at www.socialsecurity.gov/.

Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY: 800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.

MINNESOTA

**IDENTIFICATION CARD
NOT A DRIVER'S LICENSE**

ANGELICA OCEGUERA MENDEZ
809 13TH AVE SE
AUSTIN, MN 55912

Date of Birth 11-04-1988

Sex F Eyes BRN Class ID

Height 5-2 Weight 120

ISSUED 05-2013 EXPIRES 11-04-2017



Angelica Ocegüera Mendez

D456785757115



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) Angelica		First Name (Given Name) Oseguera		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 304 7th St SW			Apt. Number 2	City or Town Austin		State MN
Zip Code 55912		Date of Birth (mm/dd/yyyy) 11/04/88	U.S. Social Security Number 257-73-0252	E-mail Address		Telephone Number 507 990-1454

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):

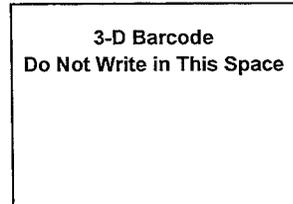
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (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: Angelica Oseguera	Date (mm/dd/yyyy): 7/4/15
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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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <i>Identification Card</i>		Document Title:
Issuing Authority:		Issuing Authority: <i>Minnesota</i>		Issuing Authority:
Document Number:		Document Number: <i>D456185757115</i>		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <i>11/4/17</i>		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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Emily Theros</i>		Date (mm/dd/yyyy) <i>4/7/15</i>	Title of Employer or Authorized Representative <i>Office Assistant</i>	
Last Name (Family Name) <i>Theros</i>		First Name (Given Name) <i>Emily</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

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:
---	--------------------	--

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

Angelica Oseguera
Individual's Name

4/7/15
Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



Preliminary Questions

For CMG use only

Name: Angelica Oseguera

Date: 4/7/15

1. If hired are you willing to take a drug test? Yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
3. Are you able to work with pork? Yes
4. Which plant do you prefer? South
5. What shift do you prefer? 1st

To be completed during interview only

Date of interview 4-7-15

Have you ever been convicted of a crime? Yes ___ No X

Explain

Incident _____

Employee Signature Angelica Oseguera

Interviewer Signature James



Applicant Interview Score Card

Name Angelica Osaguera Date of Interview 4-7-15

Position/Shift Assignment MU I Stand by Position _____

Rating Weak (1) to Strong (5)

- 1. Understanding of English conversation 1 2 3 4 5
- 2. Speaks English Fluently 1 2 3 4 5
- 3. Work experience related to job-food industry 1 2 3 4 5
- 4. Work history-working presently, yrs in workforce 1 2 3 4 5
- 5. Criminal Background information 1 2 3 4 5
- 6. Possesses required New Hire documentation (I9) 1 2 3 4 5
- 7. Personality-friendly, pleasant, sense of humor 1 2 3 4 5
- 8. Appearance-well groomed, cleanliness 1 2 3 4 5
- 9. Meets requirements to work w/pork, peanuts & soy 1 2 3 4 5
- 10. Shift availability-prefers shift that is available for
Open positions, willing to be flexible to shifts available 1 2 3 4 5

Total possible points **50** pts. Total points scored

47

Former Employer Rating Bonus Points 1-20

0

Interviewer: [Signature]

Total Points 47

Date: 4-7-15

Tues. 4/7 @ 11:30 AM

ENTERED
3/30/15



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 3/30/15

Name Oseguera Angelica
Last First Middle Maiden

Present address 304 7th St SW
Number Street
Austin MN 55912
City State Zip

Social Security No. 257-73-0252

Telephone (507) 990-1454 home # E-Mail _____

If under 18, please list age _____ Referred by Jose G And Hector

Position applied for (1) _____ and salary desired (2) _____ (Be specific)	Shift available to work 1 st <input checked="" type="checkbox"/> _____ 2 nd _____ 3 rd _____
---	--

How many hours can you work weekly? Open Can you work nights? _____

Employment desired FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? Open

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No ___ Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No ___ Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Mexico</u>	<u>Mexico</u>	<u>9</u>	
College				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes No

If so, how many? _____

Please list two references other than relatives or previous employers.

Name Isabel Name Specialty Personnel Services

Position Friend Position assembling

Company QPP Company _____

Address _____ Address 117 4th Ave Ne
Austin, MN 55912

Telephone (507) 589-8277 Telephone (507) 433-5570

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? __ Yes __ No

Branch _____ Specialty _____

Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name _____	Supervisor name <u>Julie</u>	
Position <u>assembling</u>	Employment dates	Pay or salary
Company _____	From <u>2/14</u>	Start
Address <u>117 4th Ave Mc</u>	To <u>2/15</u>	Final <u>8.25</u>
<u>Austin, MP 55912</u>	Your last job title _____	
Telephone <u>(502) 433-5570</u>		
Reason for leaving (be specific) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>packing food products</u>		

Name _____	Supervisor name <u>Raul</u>	
Position <u>kitchen</u>	Employment dates	Pay or salary
Company <u>Burger King</u>	From <u>2008</u>	Start
Address _____	To <u>2014</u>	Final <u>8.25</u>
<u>Chicago</u>	Your last job title _____	
Telephone <u>(312) 235-3376</u>		
Reason for leaving (be specific) <u>moved from city</u>		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.		

APPLICATION FOR EMPLOYMENT

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
Employment dates	Pay or salary								
From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.									

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Employment dates</td> <td style="width:50%;">Pay or salary</td> </tr> <tr> <td>From</td> <td>Start</td> </tr> <tr> <td>To</td> <td>Final</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From	Start	To	Final	Your last job title _____	
Employment dates	Pay or salary								
From	Start								
To	Final								
Your last job title _____									
Reason for leaving (be specific) _____									
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.									

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? husband

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Angelica Obeguera Date: _____

Name: Angelica Oseguera

Achoo!

by Cynthia Sherwood

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth, and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after you sneeze into them, especially during cold and flu season.



Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people so they sneeze.

If someone nearby sneezes, remember to tell them "Gesundheit!" That is a funny-looking word which is pronounced "gezz-oont-hite." It is the German word that wishes someone good health after sneezing.

Name: Angelica Osaguera

Achoo Reading Test

(Circle the correct answer)

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to

2. What are the 3 parts of your body work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth

3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit

4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there

5. What should you do after you sneeze into your hands especially during cold and flu season? This should also be done in the production area!
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands