

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 02/18/2014  
Page: 1 of 1

Case Verification Number: 2014049144556CP

**Case Information:****Employee Information:**

Last Name:	Hussein	First Name:	Anab
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 6957	Date of Birth:	01/01/1981
Citizenship Status:	A citizen of the United States	Email Address:	

**Document Information:**

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	ID card	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	11/14/2015
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	02/18/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KSİK1977	Submitted On:	02/18/2014

**Initial Case Result:**

Case Result: Employment Authorized

**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):**

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Referred By: \_\_\_\_\_ Referred On: \_\_\_\_\_

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

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Case Result: \_\_\_\_\_ Response Date: \_\_\_\_\_

**Case Closure:**

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Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.  
Closed By: KSIK1977 Closed On: 02/18/2014

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**SENSITIVE BUT UNCLASSIFIED**



## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 02/17/14

Name ANAB HUSSEIN  
Last First Middle Maiden

Present address 1426 4TH AVE SE APP 310  
Number Street ROCHESTER MN 55904  
City State Zip

Social Security No. 360-9169-57

Telephone (507) 271-4713 E-Mail \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) <u>PUTTING ATTENDANT</u> and salary desired (2) _____ <small>(Be specific)</small>	Shift available to work <input checked="" type="radio"/> 1 <sup>st</sup> _____ <input type="radio"/> 2 <sup>nd</sup> _____ <input type="radio"/> 3 <sup>rd</sup> _____
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How many hours can you work weekly? 7 DAYS Can you work nights? NO

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

When available for work? MORNING

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

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>MIDDLE SCHOOL</u>		<u>20 YEARS AGO</u>	<u>N/A</u>
College	<u>SOMALI</u>			
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No PERMIT

What is your means of transportation to work? \_\_\_\_\_

Driver's license number N 744 17 9 7354 State of issue MD  
<sub>15</sub>

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 ADULHI NOOR Name ALI BAGZ

Position SAWITATION Position PUTTING TRAY TO MACHINERY

Company RAICHEAL FOODS Company RAICHEAL

Address MARIA ROAD Address 1426 1426 AVE SE

Telephone (507) 319 0090 Telephone (507) 319 3154

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 <u>AWAB HUSSIED</u> Position _____ Company <u>MASTERSAW</u> Address <u>3003 43 RD STREET NW</u> Telephone <u>(507) 271 4713</u>	Supervisor name _____	
	Employment dates	Pay or salary
	From <u>5:45</u>	Start <u>\$10.10</u>
	To <u>2:00</u>	Final _____
Your last job title _____		
Reason for leaving (be specific) <u>I DECIDED TO CHANGE TO OTHER JOB</u>		
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 _____	
	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.		

**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 <u>ANAB HUSSEIN</u> Position _____ Company <u>MASTER SON</u> Address <u>300343RD STREET NEW</u> Telephone ( ) <u>507 271 4713</u>	Supervisor name _____	
	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 _____	
	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? \_\_\_\_\_

**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 ANAB HUSSEIN Date: 02/17/04

UNITED STATES OF AMERICA PERMANENT RESIDENT

HUSSEIN ANAB A 01 JAN 1981



Surname  
**HUSSEIN**

Given Name  
**ANAB A**

USCIS#  
**037-360-359**

Country of Birth  
**Somalia**

Date of Birth  
**01 JAN 1981**

Category  
**AS6**

Sex  
**F**

Card Expires:  
**07/28/24**

Resident Since:  
**07/28/13**

*Hussein Anab A*



**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

### ASC Appointment Notice

CASE TYPE 1485 Application to Register Permanent Residence or Adjust Status	APPLICATION NUMBER LIN1490022149	NOTICE DATE 10/30/2013
	SOCIAL SECURITY NUMBER	CODE 3
ANAB AFRAH HUSSEIN PO BOX 8337 ROCHESTER, MN 55903	TCR	PAGE 1 of 1
	USCIS A# A087960359	SERVICE CENTER NSC



To process your application, the U. S. Citizenship & Immigration Services (USCIS) must capture your biometrics.  
**PLEASE APPEAR AT THE BELOW APPLICATION SUPPORT CENTER AT THE DATE AND TIME SPECIFIED.**  
**IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPLICATION WILL BE CONSIDERED ABANDONED.**

**APPLICATION SUPPORT CENTER**  
 USCIS ST. PAUL  
 1360 UNIVERSITY AVE.  
 #103  
 ST. PAUL, MN 55104

**PLEASE READ THIS ENTIRE NOTICE CAREFULLY.**

**DATE AND TIME OF APPOINTMENT**  
 11/20/2013  
 2:00 PM

**WHEN YOU GO TO THE APPLICATION SUPPORT CENTER TO HAVE YOUR BIOMETRICS TAKEN, YOU MUST BRING:**

- THIS APPOINTMENT NOTICE** and
- PHOTO IDENTIFICATION.** Naturalization applicants must bring their Alien Registration Card. All other applicants must bring a passport, driver's license, national ID, military ID, or State-issued photo ID. If you appear without proper identification, your biometrics may not be taken.

**CELL PHONES, CAMERAS, OR OTHER RECORDING DEVICES ARE NOT PERMITTED.**

#### REQUEST FOR RESCHEDULING

Please reschedule my appointment. Upon receipt of your request, you will be provided a new appointment notice. Make a copy of this notice for your records, then mail the original with your request to BPU, Alexandria ASC, Suite 100, 8850 Richmond Hwy, Alexandria, VA 22309-1586

APPLICATION NUMBER  
1485 - LIN1490022149



BIOMETRICS PROCESSING STAMP  
 ADD SITE CODE  
 BIOMETRICS OF REVIEW BY:  
 ENPRINTS ON NOV 22 2013  
 ON NOV 27 2013

If you have any questions regarding this notice, please call 1-800-375-5283.

**WARNING:** Due to limited seating availability in our lobby area, only persons who are necessary to assist with transportation or completing the biometrics worksheet should accompany you. If you have open wounds or bandages/casts when you appear, the USCIS may reschedule your appointment if it is determined your injuries will interfere with taking your biometrics.