

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/20/2010
Page: 1 of 1

Case Verification Number: 2010263150959FZ

Initial Verification:

Last Name:	Jensen	First Name:	David
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 4017	Date of Birth:	02/07/1975
Hire Date:	09/17/2010	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	09/20/2010

Initial Verification Results:

Initial Eligibility: Employment Authorized

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Submitted By:	Submitted On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Submitted By: Submitted On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	09/20/2010

SENSITIVE BUT UNCLASSIFIED



~~9-21-10~~ ~~9 AM~~
9.17.10-12



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 09-14-10

Name Jensen David Dale
Last First Middle Maiden

Present address 1524 31st ST NW Rochester MN 55901
Number Street City State Zip

How long 5 years Social Security No. 476 - 13 - 4017

Telephone (507) 251-5281

If under 18, please list age 5 Referred by _____

Position applied for (1) open Days/hours available to work
and salary desired (2) \$9.50/hour
(Be specific) No Pref Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? 50 hours Can you work nights? yes

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

When available for work? immediately

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>John Marshall</u>	<u>Rochester MN 55901</u>	<u>34 years</u>	<u>Diploma</u>
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

MILITARY

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

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

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>Kohls</u>		Supervisor name <u>Mike Haskin</u>	
Position <u>Receiving Clerck</u>		Employment dates	Pay or salary
Company <u>Kohls J</u>		From <u>4/2009</u>	Start <u>\$7.00/hr</u>
Address <u>20-25th St SE Rochester</u>		To <u>Present</u>	Final <u>\$7.50/hr</u>
MN <u>55901</u>		Your last job title <u>Receiving Clerk</u>	
Telephone <u>(507) 529-7700</u>			

Reason for leaving (be specific) Still employed

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. unload trucks and stock merchandise.

Name <u>Schmidt Printing</u>		Supervisor name <u>Dale Rude</u>	
Position <u>Receiving Clerk</u>		Employment dates	Pay or salary
Company <u>Schmidt Printing</u>		From <u>01/2008</u>	Start <u>\$10.00/hr</u>
Address <u>1101 Frontage Rd NW Byron</u>		To <u>01/2009</u>	Final <u>\$10.00/hr</u>
MN <u>55920</u>		Your last job title _____	
Telephone <u>(507) 775-6400</u>			

Reason for leaving (be specific) Lay Off

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. load and unload trucks, fill presses with ordered paper. Recycle paper in the bailer.

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

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 Corporate Management Group, Inc., 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 the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company 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 the Company is terminable at will for any reason by either party.

Signature of applicant David Jensen Date: 9/14/10

MINNESOTA
DRIVER'S LICENSE



DAVID DALE JENSEN
1524 31ST ST NW
ROCHESTER, MN 55901

Date of Birth **02-07-1975**
Sex: **M** Eyes: **BRN** Glass: **D**
Height: **5-11** Weight: **210**
ISSUED **01-2008** EXPIRES **02-07-2012**

C343025291910

David Dale Jensen

 **FAXED**

SOCIAL SECURITY



76-12-4087

THIS NUMBER HAS BEEN ESTABLISHED FOR
DAVID DALE JENSEN

David Dale Jensen
SIGNATURE