

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 04/04/2014  
Page: 1 of 1

Case Verification Number: 2014094101915TA

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

Last Name:	De Jaime	First Name:	Maria
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 2409	Date of Birth:	12/04/1974
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:	12/04/2015
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	04/04/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KSIK1977	Submitted On:	04/04/2014

**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):**

Referred By:

Referred On:

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

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

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

Closed By:

KSIK1977

Closed On:

04/04/2014

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**SENSITIVE BUT UNCLASSIFIED**



Entered  
108 \$/1

## CMG APPLICATION FOR EMPLOYMENT

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

PLEASE COMPLETE PAGES 1-5 DATE 4/1/2014

Name LUEVANO DE JAIME MARIA GUADALUPE  
Last First Middle Maiden

Present address 1515 36th St SW  
Number Street  
Rochester MN 55902  
City State Zip

Social Security No. 472 - 51 - 2409

Telephone 507 289-5690 E-Mail carnaval74.aj@gmail.com

If under 18, please list age \_\_\_\_\_ Referred by JUANA ARTEAGA MARTIN

Position applied for (1) <u>Sanitation or Production</u> and salary desired (2) <u>\$ 10.00 /hr</u> <small>(Be specific)</small>	Shift available to work 1 <sup>st</sup> <input checked="" type="checkbox"/> 2 <sup>nd</sup> _____ 3 <sup>rd</sup> _____
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How many hours can you work weekly? 40+ Can you work nights? no

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

When available for work? as ap

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				
College	<u>Colegio Pal</u>	<u>Tlapazaco, Gto, Mexico</u>	<u>12</u>	<u>Secretary</u>
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? OWN CAR

Driver's license number \_\_\_\_\_ State of issue MN.

ID # B222038285306

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 12-04-2015

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 ARMANDO MONTALVO

Name JUANA ARTEAGA MARIN

Position FOREMAN

Position house keeping

Company Arnold's Supply Co.

Company Rechiel food - Co.

Address 835 38<sup>th</sup> St NW

Address Rochester

Rochester, MN. 55901

Telephone (507) 208-2019

Telephone (507) 990-2132

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

N/A

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>Maria G. Luevano De Jaime</u>		Supervisor name <u>Dan Glaser</u>	
Position <u>Custodian</u>		Employment dates	Pay or salary
Company <u>Arnold's Supply Co.</u>		From <u>4/2007</u>	Start <u>\$ 8.50</u>
Address <u>835 38th St NW</u>		To <u>Present</u>	Final <u>\$ 11.00</u>
City <u>Rochester, MN</u>		Your last job title <u>Custodian</u>	
Telephone <u>(507) 289-2393</u>		Reason for leaving (be specific) <u>need a full time Job.</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Cleaning, mopping, dusting, scrubbing floor. pick up trash, using scrubbing machine, sweeper machine</u>			

Name _____		Supervisor name _____	
Position _____		Employment dates	Pay or salary
Company _____		From _____	Start _____
Address _____		To _____	Final _____
Telephone (____) _____		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 _____ 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.		

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

*Mania Yvonne Lejeune* Date: 4/1/2014

**PERMANENT RESIDENT CARD**

NAME LUEVANO DE JAIME, MARIA G

A# 059-187-301

Birthdate 12/04/77 Category F Sex F

Country of Birth Mexico

CA# 12/31/17

Resident Since 10/31/07



C1USA0591873019SRC0805951473<<  
7412040F1712313MEX<<<<<<<<<<<1  
LUEVANO<DE<JAIME<<MARIA<GUADAL

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**672-51-2409**

**MARIA GUADALUPE LUEVANO**  
**JAIME**

*Maria Guadalupe Luevano*  
SIGNATURE

12/04/77  
12/31/17

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



MARIA GUADALUPE LUEVANO DE JAIME  
1515 36TH ST SW  
ROCHESTER, MN 55902

Date of Birth 12-04-1974

Sex F Eyes BRN Class ID

Height 5-3 Weight 170

ISSUED 01-2012 EXPIRES 12-04-2015

*Maria Guadalupe Luevano*

B222038285306