

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

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

Case Verification Number: 2010263154410WF

Initial Verification:

Last Name:	Lakosang	First Name:	Susanna
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 6162	Date of Birth:	01/01/1969
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:

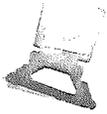
DHS Referral Results:

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

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ENTERED

Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 09.13.10

Name Susanna Ageri Lakosang
Last First Middle Maiden

Social Security No. 663 - 01 - 6162 Address 986 Falcon Rd SE
Rochester, MN 55904

Telephone (507)-280-7816

If under 18, please list age _____ Referred by Reda Mori

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

How many hours can you work weekly? 40 Can you work nights? yes.

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

When available for work? Any time I am Ready.

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	^{School} Juba Gids high	Juba-Sudan	1990 - 1993	high school - cert.
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. _____

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>Residence Inn</u>	Supervisor name <u>Virginia</u>	
Position <u>House Keeping</u>	Employment dates	Pay or salary
Company _____	From <u>04-04-2004</u>	Start <u>\$9.00</u>
Address <u>441 W Center St.</u>	To <u>05-29-2010</u>	Final <u>\$12.00</u>
<u>Rochester, MN 55902</u>	Your last job title _____	
Telephone <u>(507) 292-1400</u>		

Reason for leaving (be specific) Terminated because of sickness

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

I clean customers rooms and rearrange the beds and table in rooms.

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From 07-04-2004	Start \$9.00
Address _____	To 09/04/2004	Final \$12.00
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.

Name <u>Hawthorn Suite</u>	Supervisor name _____	
Position <u>House Keeping</u>	Employment dates	Pay or salary
Company _____	From <u>07-2000</u>	Start <u>\$8.00</u>
Address <u>2829 43rd St. NW</u>	To <u>04-2004</u>	Final <u>\$8.75</u>
<u>Rochester, MN 55901</u>	Your last job title _____	
Telephone <u>(507) 281-1200</u>		

Reason for leaving (be specific) I want more working hours.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Clean customers rooms.

Who were you referred by? _____

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? my husband / Jubek Lowala-

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Employer Solutions Staffing Group LLC, (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 of the Company, 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 the Company 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 Susana Lakesang Date: 09-15-2010



FXED

DEPARTMENT OF THE TREASURY SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

697723062

THIS NUMBER HAS BEEN ESTABLISHED FOR

SUSAN M. LANGER

ADMINISTRATOR

Susan M. Langer

SIGNATURE 02/27/2008

U.S. DEPARTMENT OF THE TREASURY SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA



FALCON

MINNESOTA
DRIVER'S LICENSE



SUSANNA AGERI LAKOSANG
986 FALCON RD SE
ROCHESTER, MN 55904

Date of Birth 01-01-1969
Sex Eyes Class
F BRN D
Height Weight
5-3 170

ISSUED 12-2007 EXPIRES 01-01-2012

Susanna Lakosang

E005092888405