

Department of Homeland Security
 U.S. Citizenship and Immigration Services

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Lopez</u>	First <u>Alan</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>2514 Sunset Dr</u>		Apt. #	Date of Birth (month/day/year) <u>Sept/15/1991</u>
City <u>Longmont.</u>	State <u>CO.</u>	Zip Code <u>80501</u>	Social Security # <u>605-50-0707</u>

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Alan Lopez Date (month/day/year) 1/6/12

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.

Preparer's/Translator's Signature <u>Alan Lopez</u>	Print Name <u>Alan Lopez</u>	Date (month/day/year) <u>1/6/12</u>
Address (Street Name and Number, City, State, Zip Code) <u>2514 Sunset Dr.</u>		

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Passport</u>		<u>Co. Drivers Lic.</u>		<u>SS. #</u>
Issuing authority: <u>USA</u>		<u>07-149-0676</u>		<u>605-50-8707</u>
Document #: <u>420417236</u>		<u>exp. 10/05/12</u>		
Expiration Date (if any): <u>1/4/12</u>				
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 1/6/12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>M. Forney</u>	Print Name <u>Marita Forney</u>	Title <u>Recruiting Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Employers Solutions Staffing Group</u>		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer) EDINA, MN 55439

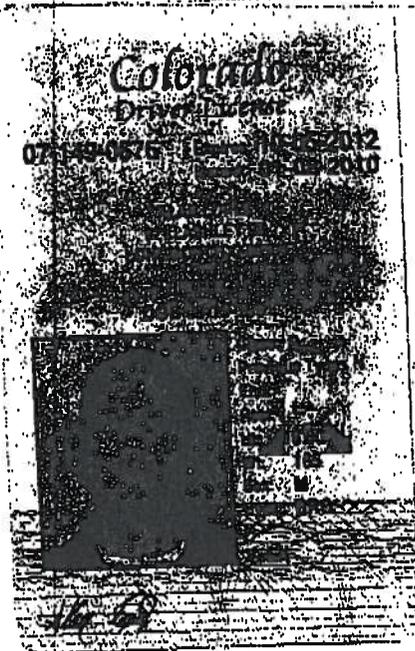
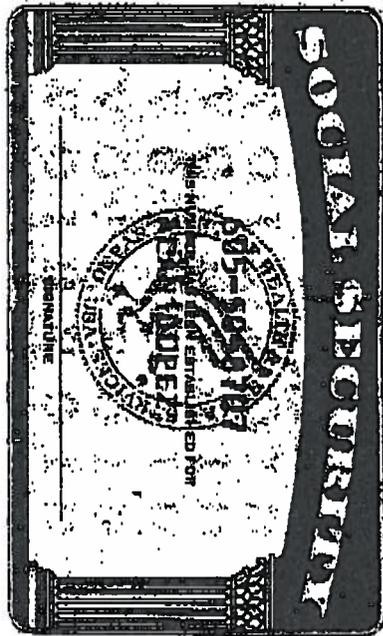
A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year) _____



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

104- 91-472392

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

19119125453

STATE FILE NUMBER

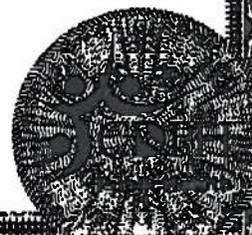
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST GIVEN		1B. MIDDLE		1C. LAST FAMILY	
	Alan				Lopez	
PLACE OF BIRTH	2. SEX	3A. DATE BIRTH—MONTH, DAY, YEAR	3B. HOUR—(12 HOUR CLOCK TIME)			
	MALE	SEPTEMBER 15, 1991	2141			
FATHER OF CHILD	4A. NAME OF FATHER—FIRST GIVEN		4B. MIDDLE	4C. LAST FAMILY		4D. DATE OF BIRTH
	LUIS		A.	LOPEZ		MEXICO 5/25/62
MOTHER OF CHILD	5A. NAME OF MOTHER—FIRST GIVEN		5B. MIDDLE	5C. LAST FAMILY		5D. DATE OF BIRTH
	BLANCA		ESPERANZA	MUNOZ		MEXICO 8/1/67
PARENT'S CERTIFICATION	6. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
			Blanca Munoz		MOTHER	9/16/91
CERTIFICATION OF BIRTH	7. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED		13A. ATTENDANT OR CERTIFIER—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER	13C. DATE SIGNED
			C. T. Wohlmutz, MD		6058244	9/19/91
LOCAL REGISTRAR	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		17. DATE ACCEPTED FOR REGISTRATION	
	C. T. WOHLMUTZ, MD, 1710 BROOKLYN AV, LOS ANGELES		Robert C. Mates		OCT 21 1991	
	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR—SIGNATURE			

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.
MARK B HORTON, MD, MSPH, Director and State Registrar of Vital Records
by:

Linette T. Scott JUL 15 2009
LINETTE T. SCOTT, MD, MPH, DEPUTY DIRECTOR
HEALTH INFORMATION AND STRATEGIC PLANNING DIVISION

This copy not valid unless prepared on engraved border displaying seal and signature of the Deputy Director.
9-01108



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/13/2012
Page: 1 of 1

Case Verification Number: 2012013150707CH

Case Information:**Employee Information:**

Last Name:	Lopez	First Name:	Alan
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 8707	Date of Birth:	09/15/1991
Citizenship Status:	A citizen of the United States		

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:	Driver's license	Document State:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	10/10/2012
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	01/06/2012	Employer Case ID:	
Three-Day Rule Reason:	Awaiting Social Security Number	Three-Day Rule - Other:	
Submitted By:	LNUN4987	Submitted On:	01/13/2012

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:	Maiden Name:
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:

LNUN4987

Closed On:

01/13/2012

SENSITIVE BUT UNCLASSIFIED