

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/22/2015
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Case Verification Number: 2015022134239LF

Case Information:
Employee Information:

| | | | |
|-------------------------|-----------------------------|-------------------|------------|
| Last Name: | Ali | First Name: | Amjed |
| Middle Initial: | | Other Names Used: | |
| Social Security Number: | *** ** 2932 | Date of Birth: | 01/02/1974 |
| Citizenship Status: | A lawful permanent resident | 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: | Driver's license | Document State: | Minnesota |
| Driver's License or ID Card Number: | | Document Expiration Date: | 01/02/2016 |
| Alien Number: | 062170219 | I-94 Number: | |

Additional Information:

| | | | |
|------------------------|------------|-------------------------|------------|
| Hire Date: | 01/22/2015 | Employer Case ID: | |
| Three-Day Rule Reason: | | Three-Day Rule - Other: | |
| Submitted By: | EPOR4912 | Submitted On: | 01/22/2015 |

Initial Case Result:

| | | | |
|-----------------------------|-----------------------|------------------------------|-------|
| Last Name (in DHS records): | ALI | First Name (in DHS records): | AMJED |
| 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):