



FAXED

**MINNESOTA DRIVER'S LICENSE**



AMOUR MANYOK DIING  
5230 KING ARTHUR DR NW  
ROCHESTER, MN 55901

Date of Birth 01-01-1981  
Sex F Eyes BLK Class D  
Height 6-0 Weight 160  
ISSUED 02-2010 EXPIRES 01-01-2014

*Amour*

F666042673718

**SOCIAL SECURITY**

VALID FOR WORK ONLY  
WITH INS AUTHORIZATION

276379152

THIS NUMBER HAS BEEN ESTABLISHED FOR  
AMOUR MANYOK DIING

ADMINISTRATION

*Amour Diing*

SIGNATURE

THE UNITED STATES OF AMERICA



No. 30140885

DEPARTMENT OF

NATURALIZATION

Personal description of holder  
as of date of naturalization:

CIS Registration No. **A094007167**

Date of birth: **JANUARY 01, 1981**

I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

Sex: **FEMALE**

Height: **5 feet 11 inches**

(Complete and true signature of holder)

Marital status: **MARRIED**

Be it known that, pursuant to an application filed with the Secretary of  
Homeland Security

Country of former nationality:

at: **BLOOMINGTON, MINNESOTA**

**SUDAN**

The Secretary having found that:

**AMOUR MANYOK DIING**

then residing in the United States, intends to reside in the United States when so  
required by the Naturalization Laws of the United States, and had in all other  
respects complied with the applicable provisions of such naturalization laws and  
was entitled to be admitted to citizenship, such person having taken the oath of  
allegiance in a ceremony conducted by the

**US DISTRICT COURT OF MINNESOTA**

at: **ARDEN HILLS, MINNESOTA**

on: **AUGUST 15, 2007**

that such person is admitted as a citizen of the United States of America.



IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

*Emilio J. Garcia*  
Director, U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

RECEIVED  
FAXED



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 10/04/2010  
Page: 1 of 1

Case Verification Number: 2010277113848GX

**Initial Verification:**

Last Name:	Diing	First Name:	Amour
Middle Initial:		Maiden Name:	
Social Security Number:	**** 4552	Date of Birth:	01/01/1981
Hire Date:	09/29/2010	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:	10/04/2010

**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:

**Photo Matching Results:**

Determination:

**Additional DHS Referral:**

Referral By: Referral Date:

**Additional 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: 10/04/2010

SENSITIVE BUT UNCLASSIFIED

9-29-10 11 AM

Left message



9/27/10  
**ENTERED**

### Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 9-20-16

Name Diing Amour Manyok  
Last First Middle Maiden

Social Security No. 476 - 37 - 4552 Address: 5230 King Arthur Dr SW

Telephone (501) 536-7232 Referred by Emmanuela Clombano

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
and salary desired (2) \$9.00 No Pref \_\_\_\_\_ Thur   
(Be specific) H-3 Mon  Fri   
Tue  Sat   
Wed  Sun \_\_\_\_\_

How many hours can you work weekly? 32 hr a week Can you work nights? yes

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

When available for work? any time

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>Girls school in Sudan</u>		<u>10th</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. \_\_\_\_\_

### 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 <u>N/A</u> Address _____ Telephone (____) _____	Supervisor name _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Employment dates</th> <th style="width: 50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> <tr> <td colspan="2">Your last job title _____</td> </tr> </table>	Employment dates	Pay or salary	From _____	Start _____	To _____	Final _____	Your last job title _____	
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.

\* Stay at home Mom (hasn't worked for 6 yrs)

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

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? \_\_\_\_\_