

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
 Report Prepared: 02/02/2015  
 Page: 1 of 1

Case Verification Number: 2015033094153CX

Case Information:	
<b>Employee Information:</b>	Last Name: Schloemer
	Middle Initial: *** 4126
	Social Security Number: A citizen of the United States
<b>Document Information:</b>	Drivers License or ID card issued by a U.S. state or outlying possession
	Document Name: Driver's license
	Number: 11/06/2017
	Document Expiration Date: 11/06/2017
	Document State: Minnesota
	List C Document: Social Security Card
	F-94 Number: 02/02/2015
<b>Initial Case Result:</b>	Employment Authorized

**Employee Referred to SSA:**

Referred By:	Referred On:
Case Result:	Response Date:
<b>Case Result from SSA (after SSA Tentative Nonconfirmation):</b>	

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:	First Name:	Other Names Used:	Date of Birth:
Middle Initial:	Resubmitted By:	Resubmitted On:	
Social Security Number:	<b>Case Result from SSA (after Resubmission):</b>		

**Request Name Review:**

Submitted By:	Submitted On:
Case Result:	Response Date:
<b>Case Result from DHS (after DHS Verification in Process):</b>	

**Employee Referred to DHS:**

Referred By:	Referred On:
Case Result:	Response Date:
<b>Case Result from DHS (after DHS Tentative Nonconfirmation):</b>	

**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:

RBUR3676

Closed On:

02/02/2015

**SENSITIVE BUT UNCLASSIFIED**

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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 documents, the document(s) I have examined appear to be genuine and to relate to the individual.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
City or Town	State	Zip Code

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions.)

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**Certification**

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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Employee Last Name, First Name and Middle Initial from Section 1: Schloemer, Angelia, M

OR LIST B AND LIST C

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)





