

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/19/2009
Page: 1 of 1

Case Verification Number: 2009170120045BX

Initial Verification:

| | | | |
|-------------------------|---------------------|-----------------------|------------------------------|
| Last Name: | Martinez | First Name: | Ashley |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 641-18-2999 | Date of Birth: | 11/22/1990 |
| Hire Date: | 06/19/2009 | Citizenship Status: | Citizen of the United States |
| Alien Number: | | I-94 Number: | |
| Document Type: | List B, C Documents | Doc. Expiration Date: | |
| Initiated By: | ESAG6409 | Initiated On: | 06/19/2009 |

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: | |
| Initiated By: | | Initiated On: | |

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

| | | | |
|-----------------|---------------------|--------------|------------|
| Resolve Option: | Resolved Authorized | Resolved On: | 06/19/2009 |
| Resolved By: | ESAG6409 | | |

SENSITIVE BUT UNCLASSIFIED



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Martinez
Apellido Nombre

FIRST NAME: Ashley MIDDLE INITIAL: _____
Primer Nombre Segunda Inicial

ADDRESS: 3873 Willow Ridge Dr SW
Direccion

CITY: Rochester STATE: MN ZIP: 55902
Ciudad Estado Zona Postal

HOME PHONE #: (507) 272-7553 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 11/22/90
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 641-18-2999
Numero de Seguro Social

GENDER: FEMALE MALE _____ MARITAL STATUS: MARRIED _____ SINGLE
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) Hispanic
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Isabel Martinez
Nombre

PHONE #: (507) 259-8284
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 6/19/09 START DATE: 6/23/09 TERM DATE: _____

SALARY (Hourly): \$7.50 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: RO-1 SUPERVISOR: Isabel/Rick

PRIMARY LANGUAGE: English WORKERS COMP CODE: 6504

| EMPLOYMENT STATUS | |
|-----------------------------|-------------------|
| Agency Referral _____ | CMG Recruit _____ |
| CMG Rollover Date: _____ | |
| Client Rollover Date: _____ | |

6/22/09
LINDA E.



DRIVER'S LICENSE

ASHLEY MARIE MARTINEZ
2015 41ST ST NW APT A-47
ROCHESTER, MN 55901

Date of Birth 11-22-1990 AGE 18 11-22-2008
Sex Eyes Class
F BRN D
Height Weight
5-3 180 DONOR
ISSUED 12-2008 EXPIRES 11-22-2011

M123174569906

