

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

**Form I-9, Employment Eligibility Verification**

Please 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 eligible 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<br>Cintron                        | First<br>Carlos Merando | Middle Initial    | Maiden Name                                  |
| Address (Street Name and Number)<br>206 8th Street |                         | Apt. #            | Date of Birth (month/day/year)<br>11/04/1983 |
| City<br>Worthington                                | State<br>MN             | Zip Code<br>56187 | Social Security #<br>584-97-3208             |

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 or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

|   |                                   |
|---|-----------------------------------|
| Employee's Signature<br><i>Carlos Gerardo Cintron Maldonado</i> | Date (month/day/year)<br>01-23-08 |
|---|-----------------------------------|

**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<br><i>Carlos Gerardo Cintron</i> | Print Name<br>01-23-08 |
| Address (Street Name and Number, City, State, Zip Code)            | Date (month/day/year)  |

**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: _____           |    | ID Card       |     | Social Security Card |
| Issuing authority: _____        |    | Minnesota     |     | US Government        |
| Document #: _____               |    | G377081825517 |     | 584-97-3208          |
| Expiration Date (if any): _____ |    | 11/04/2009    |     |                      |
| 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) 01/07/2008 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

|  |                             |                                     |
|--|-----------------------------|-------------------------------------|
| Signature of Employer or Authorized Representative   | Print Name<br>Ashley Postma | Title<br>Admin Assisatn             |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)<br>CMG 12000 Washington St Ste 290 Thornton CO 80241 |                             | Date (month/day/year)<br>01/07/2008 |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|                             |  |
|-----------------------------|--|
| 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 eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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) |
|--|-----------------------|

**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**

CARLOS GERARDO GINTRON MALDONADO  
1301.6TH AVE #1  
WORTHINGTON MN 56187

Date of Birth: 11-04-1963  
Sex: M Eyes: BRN Hair: BRN  
Height: 5-4 Weight: 138

ISSUED: 05-2005 EXPIRES: 11-04-2009

G377081825517

*Carlos G. Maldonado*

**SOCIAL SECURITY**

584-97-3208

THE UNITED STATES SOCIAL SECURITY ADMINISTRATION

CARLOS G. GINTRON MALDONADO

*Carlos G. Maldonado*  
SIGNATURE

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/08/2008  
Page: 1 of 1

Case Verification Number: 2008008101430EZ

**Initial Verification:**

|                         |                     |                       |  |
|-------------------------|---------------------|-----------------------|--|
| Last Name:              | cintron             | First Name:           | carlos                                   |
| Middle Initial:         | m                   | Maiden Name:          |  |
| Social Security Number: | 584-97-3208         | Date of Birth:        | 11/04/1983                               |
| Hire Date:              | 01/07/2008          | Citizenship Status:   | Citizen or National of the United States |
| Alien Number:           |                     | I-94 Number:          |  |
| Document Type:          | List B, C Documents | Doc. Expiration Date: |  |
| Initiated By:           | APOS3210            | Initiated On:         | 01/08/2008                               |

**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 By: Resolved On:

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