



FAXED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 11/08/2010
Page: 1 of 1

Case Verification Number: 2010312121918WH

Initial Verification:

| | | | |
|-------------------------|------------------------|-----------------------|--------------------------------|
| Last Name: | Pearson | First Name: | Christopher |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | *** ** 8410 | Date of Birth: | 05/31/1989 |
| Hire Date: | 11/05/2010 | 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: | RTAL3930 | Submitted On: | 11/08/2010 |

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:

**Social Security Administration
Important Information**



FAXED

Social Security Administration
SOCIAL SECURITY
2443 CLARE LN NE
SUITE 100
ROCHESTER, MN 55906-8419
Date: November 5, 2010

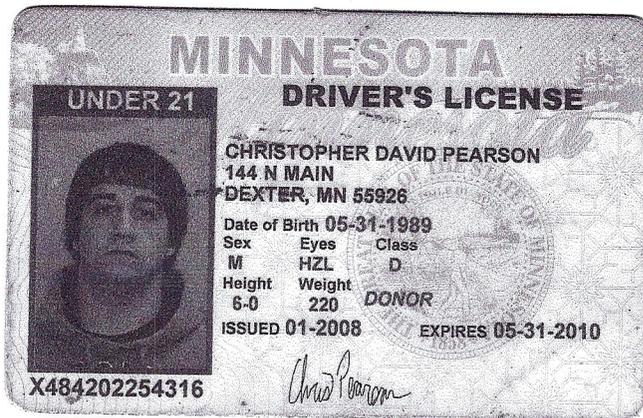
CHRISTOPHER D PEARSON
144 N MAIN
DEXTER, MN 55926

This is a receipt to show that you applied for a Social Security card on November 5, 2010. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Cheryl Kos
Field Office Manager



89-015400

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

| | | | | |
|---|---|--|---|-------------------------------|
| 1. CHILD'S NAME FIRST: CHRISTOPHER MIDDLE: DAVID LAST: PEARSON | | | 2. DATE OF BIRTH (Month, Day, Year) 5-31-1989 | 3. TIME OF BIRTH 8:14 A.M. |
| 4. SEX MALE | 5. CITY, TOWN, OR LOCATION OF BIRTH KANSAS CITY, KANSAS | | 6. COUNTY OF BIRTH WYANDOTTE | |
| 7. PLACE OF BIRTH: <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Residence <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) | | | 8. FACILITY NAME (If not institution, give street and number) BETHANY MEDICAL CENTER | |
| 9. I certify that the stated information concerning this child is true to the best of my knowledge and belief. Signature: <i>[Signature]</i> | | 10. DATE SIGNED (Month, Day, Year) | 11. ATTENDANT'S NAME AND TITLE (If other than certifier). (Type) Name: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify) | |
| 12. CERTIFIER'S NAME AND TITLE (Type) Name: DANNIE M. THOMPSON MD <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Hosp. Adm. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify) | | 13. CERTIFIER'S MAILING ADDRESS (Street and Number or Rural Route, City or Town, State, Zip Code) TWO GATEWAY CENTER KANSAS CITY, KS. 6610 | | |
| 14. MOTHER'S PRESENT NAME (First, Middle, Last) TRACY LYNN PEARSON | | 15. MAIDEN SURNAME MITCHELL | 16. DATE OF BIRTH (Month, Day, Year) 12-26-1969 | |
| 17. STATE OF BIRTH (If not in U.S.A., name country) KANSAS | 18. PRESENT RESIDENCE—STATE KANSAS | 19. COUNTY WYANDOTTE | 20. CITY, TOWN, OR LOCATION KANSAS CITY | |
| 21. STREET AND NUMBER OF PRESENT RESIDENCE 1106 STINE LANE | | 22. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 23. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code only) 66103 | |
| 24. FATHER'S NAME (First, Middle, Last) MICHAEL DAVID PEARSON | | 25. DATE OF BIRTH (Month, Day, Year) 11-21-1968 | 26. STATE OF BIRTH (If not in U.S.A., name country) SOUTH DAKOTA | |
| 27. Parents request Social Security No. issuance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 28. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. Signature of Parent (or Other Informant): <i>[Signature]</i> | | 29. DATE SIGNED | |
| 30. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 31. LOC. FILE # 16962 | 32. DATE FILED BY REGISTRAR (Month, Day, Year) JUN 08 1989 | |

FAXED



11.5.10 10³⁰A

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10-29-10

Name Pearson Christopher David
Last First Middle Maiden

Present address 1843 16th St NW Rochester MN 55901
Number Street City State Zip

How long 7 months Social Security No. 515 - 98 - 8410

Telephone (507) 279-0762

If under 18, please list age _____ Referred by Zack Lonergan

Position applied for (1) Forklift operator / team member (NW warehouse) Days/hours available to work
 and salary desired (2) \$10/hr
 (Be specific) No Pref _____ Thur 6a-2p
 Mon 6a-2p Fri 6a-2p
 Tue 6a-2p Sat _____
 Wed 6a-2p Sun _____

How many hours can you work weekly? 25-40 hrs/wk Can you work nights? NO

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY FULL- OR PART-TIME

When available for work? Now

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 | Southland High school | Adams, MN | 12 | Generals |
| College | RCTL | Rochester, MN | 1.5 | Generals (no degree) |
| 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. _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes No

Specialty _____ Date Entered _____ Discharge Date _____

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 <u>Webber & Judd Pharmacy</u> | Supervisor name <u>Dave Ruffalo</u> | |
| Position <u>script-delivery</u> | Employment dates | Pay or salary |
| Company <u>W&J Pharmacy</u> | From <u>05-10</u> | Start <u>9.00</u> |
| Address <u>1803 17th St NW (LTC-HQ)</u> | To <u>Present</u> | Final <u>9.00</u> |
| Telephone <u>(507) 250-1065</u> | Your last job title <u>Driver</u> | |

Reason for leaving (be specific) still employed - I only work nights, so desiring Day shift Job as well.

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

My duties are to come in & take out prescriptions from the pharmacist or techs, where they need to be, whether its going to homes or Missions.

| | | |
|---|--|-------------------|
| Name <u>Erbert's Gerbert's (Downtown)</u> | Supervisor name <u>Melissa Pearson</u> | |
| Position <u>Driver / team member</u> | Employment dates | Pay or salary |
| Company <u>EG, Subs & soaps</u> | From <u>11-07</u> | Start <u>5.50</u> |
| Address <u>17 2nd St SW</u> | To <u>9-09</u> | Final <u>7.25</u> |
| Telephone <u>(507) 252-1881</u> | Your last job title <u>Driver / sandwich maker</u> | |

Reason for leaving (be specific) lease ended & moved back to Dexter, MN for a while.

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

I was responsible for all aspects of preparation. I would take phone calls, prepare meals, bag deliveries, take orders, prep meats/veggies, clean & sweep & take deliveries thru out Rock.