

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/18/2015
Page: 1 of 1

Case Verification Number: 2015169094717KY

Case Information:**Employee Information:**

Last Name:	Ndifor	First Name:	Claudine
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 3326	Date of Birth:	04/03/1990
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	04/03/2018
Alien Number:		I-94 Number:	
Additional Information:		Employer Case ID:	
Hire Date:	06/18/2015	Three-Day Rule - Other:	
Three-Day Rule Reason:		Submitted On:	06/18/2015
Submitted By:	MARI1344		

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted On:
Submitted By:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

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:

MARI1344

Closed On:

06/18/2015

SENSITIVE BUT UNCLASSIFIED



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. 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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>ndifor Subbar</i>		First Name (Given Name) <i>Chaudhira</i>		Middle Initial <i>B</i>	Other Names Used (if any) <i>Claudine N'S Bi'h</i>	
Address (Street Number and Name) <i>9519 Stevens Ave South</i>			Apt. Number	City or Town <i>Bloomington</i>		State <i>MN</i>
Date of Birth (mm/dd/yyyy) <i>04/03/1990</i>		U.S. Social Security Number <i>475-51-3326</i>		E-mail Address <i>bilulish@gmail.com</i>		Zip Code <i>55420</i>
					Telephone Number <i>651-329-3227</i>	

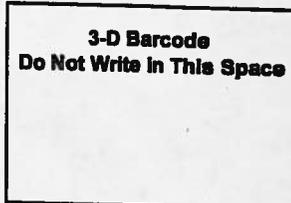
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See Instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>[Signature]</i>	Date (mm/dd/yyyy): <i>06/11/2015</i>
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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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code





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.)

Employee Last Name, First Name and Middle Initial from Section 1: Ndi For Sunfer

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers license.</u>		Document Title: <u>SS card.</u>
Issuing Authority:		Issuing Authority: <u>State of MN</u>		Issuing Authority: <u>SSA.</u>
Document Number:		Document Number: <u>6115031856307</u>		Document Number: <u>415-51-3326.</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>4/3/2019.</u>		Expiration Date (if any)(mm/dd/yyyy): <u>N/A.</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

Certification

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.

The employee's first day of employment (mm/dd/yyyy): 6/18/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>[Signature]</u>		Date (mm/dd/yyyy) <u>6/18/15</u>	Title of Employer or Authorized Representative <u>Acct Rep.</u>	
Last Name (Family Name) <u>ARRIAS</u>		First Name (Given Name) <u>Merby</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
			Zip Code <u>55439</u>	

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):
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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.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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MINNESOTA
DRIVER'S LICENSE



CLAUDINE BIH NOIFOR SUNFOR
249 WINONA ST W
ST PAUL, MN 55407

Date of Birth 04-03-1980
Sex F Eyes BLK Class D
Height 5-4 Weight 175
ISSUED 01-2015 EXPIRES 04-03-2019
Claudine Bih Noifor Sunfor



E115031856307



CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 06-18-2015

Name WEATHERSPOON PAUL JOSEPH
Last First Middle Maiden

Present address 1261 SELBY AVENUE
Number Street
SAINT PAUL PARK MA 55071
City State Zip

Social Security No. 471-06-5921

Telephone (651) 459-6968 E-Mail RJWEATHERSPOON@GMAIL.COM

If under 18, please list age _____ Referred by N-A

Position applied for (1) <u>SUPER MOMS</u> and salary desired (2) <u>\$10.00</u> <small>(Be specific)</small>	Shift available to work 1 st <input checked="" type="checkbox"/> _____ 2 nd <input checked="" type="checkbox"/> _____ 3 rd <input checked="" type="checkbox"/> _____
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How many hours can you work weekly? 40+ Can you work nights? YES

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

When available for work? 06-18-2015

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>G.E.D.</u>	<u>N.A</u>	<u>N.A</u>	<u>DIPLOMA</u>
College	<u>CENTURY COLLEGE</u>	<u>WHITE BEAR LAKE</u>	<u>2 years</u>	<u>N-A</u>
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? PERSONAL VEHICLE

Driver's license number Q887134760023 State of issue MN

Operator ___ Commercial (CDL) Chauffeur ___

Expiration date 07-31-2018

Have you had any accidents during the past three years? Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? Yes ___ No

If so, how many? 1

Please list two references other than relatives or previous employers.

Name David Stewart Name Dalton Thibado

Position Reverend Position McDonald's crew member

Company Dayton Avenue Presbyterian Church company McDonald's

Address Saint Paul MN Address Roseville MN

Telephone () _____ Telephone () _____

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

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

Branch _____ 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>PETLAND</u>		Supervisor name _____	
Position <u>FISH DEPARTMENT SALES REP</u>		Employment dates	Pay or salary
Company <u>PETLAND</u>		From <u>06/2012</u>	Start <u>\$9.25</u>
Address <u>SUNRAY MN</u>		To <u>08/2012</u>	Final <u>\$9.25</u>
Telephone () _____		Your last job title _____	

Reason for leaving (be specific) SCHOOL

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Fish, fish tanks, fish tank accessories, fish food sales
cleaning and maintaining in store fish tanks and displays
stocking shelves

Name <u>ENVIRONMENT MINNESOTA</u>		Supervisor name _____	
Position <u>CAVASSOR</u>		Employment dates	Pay or salary
Company <u>ENVIRONMENT MINNESOTA</u>		From <u>04/2012</u>	Start <u>\$00</u>
Address <u>MINNEAPOLIS MN</u>		To <u>06/2012</u>	Final <u>\$00</u>
Telephone () _____		Your last job title <u>STREET CAVASS</u>	

Reason for leaving (be specific) New job opportunity

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. MEMORIZING SALE PITCH/SCRIPTS
Collecting funds/DONATIONS TO HELP SAVE ENVIRONMENT AREAS

APPLICATION FOR EMPLOYMENT

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>VALU VILLAGE THRIFT STORE</u>		Supervisor name _____	
Position <u>VOLUNTEER</u>	Employment dates	Pay or salary	
Company <u>ARC'S VALU VILLAGE</u>	From 12 <u>03-2012</u>	Start <u>N/A</u>	
Address <u>SAINT PAUL</u>	To 12 <u>05-2012</u>	Final <u>N/A</u>	
Telephone () _____	Your last job title <u>Volunteer</u>		
Reason for leaving (be specific) <u>NEW job opportunity</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Collecting and sorting Donatrons</u> <u>Stocking shelves</u>			

Name <u>CHRIS AND ROB'S EATERY</u>		Supervisor name _____	
Position <u>Delivery DRIVER</u>	Employment dates	Pay or salary	
Company <u>CHRIS AND ROB'S</u>	From <u>01-2011</u>	Start <u>7.75 + TIPS</u>	
Address <u>SAINT PAUL</u>	To <u>05-2011</u>	Final <u>7.75 + TIPS</u>	
Telephone () _____	Your last job title <u>Delivery Driver</u>		
Reason for leaving (be specific) <u>VEHICLE ISSUES</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. <u>Delivering orders</u> <u>Shop maintenance</u>			

May we contact your present employer? Yes ___ No

Did you complete this application yourself Yes ___ No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

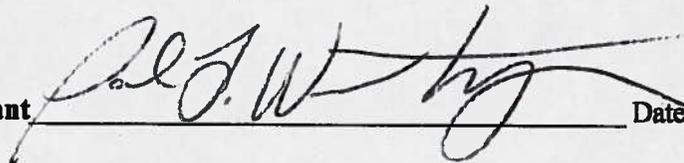
I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant



Date: 06-18-2015

THE UNIVERSITY OF CHICAGO

INSTITUTIONAL REVIEW BOARD

1. The purpose of this study is to investigate the effects of the proposed intervention on the health and well-being of the study population. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

2. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

3. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

4. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

5. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

6. The study is designed to be a randomized controlled trial, with participants assigned to either the intervention group or the control group. The intervention group will receive the proposed intervention, while the control group will receive a placebo. The study will be conducted over a period of 12 weeks, with data collection occurring at baseline, 4 weeks, 8 weeks, and 12 weeks. The primary outcome of the study is the change in the health and well-being of the study population over the 12-week period. Secondary outcomes include the change in the quality of life of the study population, the change in the adherence to the intervention, and the change in the cost of the intervention.

[Handwritten Signature]

Principal Investigator

Applicant Name: Paul Weatherspoon Date: 6-18-15.

Interviewer: Maby.

1. How did you hear about Corporate Management Group? Ad? Referral?

Friend.

2. Is that a mobile / Cell phone or lan line? Do you accept text messages?

How about email? 651 459-6968 home.

3. (+/-) What are your pay expectations? (Make sure to explain our pay structure)

\$ 9.00

4. (+/-) What shift(s) do you prefer to work?

3rd. shift.

5. (+/-) Are you available to work weekends?

yes.

6. (+/-) How do you plan to get to and from work?

Car.

7. (+/-) Tell me about what you did at (Pick a previous position listed on application)?

- Why did you leave that position?
- If relevant – Why were you terminated?

8. (+/-) Have you ever made a mistake while at work?

How did you handle it?

9. (+/-) Has there been a time when there wasn't any or enough work to do at one of your previous positions?

What did you do?

10. (+/-) Do you currently have any limitations or restrictions that we should be aware when considering you for a position? If so, What? (It does not eliminate them from opportunity we want to make the right match) None.

11. Preparation 9

12. Comprehension 9

