

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 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 <u>LeROUX</u>	First <u>Nicole</u>	Middle Initial <u>C</u>	Maiden Name
Address (Street Name and Number) <u>147 Dawson Pl</u>		Apt. #	Date of Birth (month/day/year) <u>5/9/93</u>
City <u>LORDMONT</u>	State <u>CO</u>	Zip Code <u>80504</u>	Social Security # <u>532-89-9324</u>

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Nicole LeRoux  
Employee's Signature

Date (month/day/year) 9/23/11

**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	Print Name
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: _____		<u>Drivers License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>Nicole LeRoux</u>		<u>Social Security Admin</u>
Document #: _____		<u>CO DMV</u>		<u>522-89-9324</u>
Expiration Date (if any): _____		<u>10-032-0747</u>		
Document #: _____		<u>5/29/2014</u>		
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) 9/23/11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>D Roberts</u>	Print Name <u>Deb Roberts</u>	Title <u>Recruiting Mgr</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Employers Solutions Staffing Group</u> <b>7301 OHMS LANE, SUITE 405</b>		Date (month/day/year) <u>9/23/11</u>

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

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 authorization

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 (month/day/year)
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## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/30/2011  
Page: 1 of 1

Case Verification Number: 2011273125655UW

**Case Information:****Employee Information:**

Last Name:	Leroux	First Name:	Nicole
Middle Initial:	C	Maiden Name:	
Social Security Number:	*** ** 9324	Date of Birth:	05/09/1993
Citizenship Status:	A citizen of the United States		

**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:	Colorado
Driver's License or ID Card Number:		Document Expiration Date:	05/29/2014
Alien Number:		I-94 Number:	

**Additional Information:**

Hire Date:	09/19/2011	Employer Case ID:	
Three-Day Rule Reason:	Awaiting Social Security Number	Three-Day Rule - Other:	
Submitted By:	LNUN4987	Submitted On:	09/30/2011

**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:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
Submitted By: Submitted On:

**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):**

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Case Result:

Response Date:

**Case Closure:**

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Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

LNUN4987

Closed On:

09/30/2011

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**SENSITIVE BUT UNCLASSIFIED**



**Colorado**  
Driver License

10-032-0747 Expires: 05-29-2014  
Issued: 02-02-2011

NICOLE CHRISTINE LEROUX  
147 DAWSON PL  
LONGMONT, CO 80504

UNDER 21  
DOB 05-09-1983



Class: R  
Previous Type: N  
End: V  
Rest: 5:00  
Ht: 5'00"  
Wt: 115  
Sex: F  
Eyes: BLU

Notes:

*Sketch*



**Affirmation of Legal Work Status**  
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: Leroux, Nicole 5/9/93  
Last First Middle Date of Birth

Social Security Number: 522 - 89 - 9324 Date of Hire: 9/23/11

In accordance with § 8-2-122, C.R.S., within twenty days after hiring the new employee listed above,

**I affirm all four of the following:**

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Deb Roberts Recruiting Mgr  
Print Name of Employer (or Designated Representative) Official Title

[Signature] 9/23/11  
Signature of Employer (or Designated Representative) Date Signed

CHG  
Business or Organization Name Employer Phone Number

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

This affirmation and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

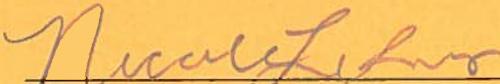


## Notification of Colorado Law Requirement – Unemployment Acknowledgement

According to Colorado Statutes section 8-73-105.3. A temporary employee who is given a notice that the employee is required to contact or notify the employer upon completion of an assignment and to be available to work, as agreed upon at the time of hire, during a specified period of time, on specified dates, or upon call by the employer on an as-needed basis and who does not contact or notify the employer upon completion of an assignment in compliance with the notice and is not available to work at the agreed-upon times is deemed to have voluntarily terminated employment for the purpose of determining benefits pursuant to section 8-73-108 (5) (e). Also, a temporary employee who agrees to work on an as-needed basis and refuses all work within three separate pay periods when contacted by the employer is deemed to have voluntarily terminated employment for reasons that may or may not allow an award of benefits pursuant to section 8-73-108.

It is your responsibility to contact or notify ESSG once your assignment ends. If you fail to do so, it may affect your unemployment benefits.

I understand by signing this form that I am responsible to contact or notify ESSG once an assignment ends. I also acknowledge that I have received a separate copy of this form. \_\_\_\_\_ (Initial)

  
Employee Signature: \_\_\_\_\_

9.27.11  
Date: \_\_\_\_\_

NICOLE LEROUX  
Employee (please print your name here)