



FAXED

U.S. DEPARTMENT OF HOMELAND SECURITY, U. S. Citizenship and Immigration Services

EMPLOYMENT AUTHORIZATION CARD

The person identified is authorized to work in the U.S. for the validity of this card.

NAME GOL, DENG S

Signature Waived

A# 094-551-240

CARD # LIN1000351004



Birthdate ^{PART} Category Sex

01/01/83 AC8 M

Country of Birth

Sudan

Terms and Conditions

None

fingerprint
not
available

NOT VALID FOR REENTRY TO U.S.

CARD VALID FROM 10/21/09 EXPIRES 10/20/11



FAXED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

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

Case Verification Number: 2010312121144LZ

Initial Verification:

Last Name:	Gol	First Name:	Deng
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 2429	Date of Birth:	01/01/1990
Hire Date:	11/05/2010	Citizenship Status:	An alien authorized to work
Alien Number:	094551240	I-94 Number:	
Card Number:	LIN1000351004		
Document Type:	Employment Authorization Document (Form I-766)	Doc. Expiration Date:	10/20/2011
Submitted By:	RTAL3930	Submitted On:	11/08/2010

Initial Verification Results:

Last Name:	GOL	First Name:	DENG
		Expire Date:	10/20/2011
Initial Eligibility:	Employment Authorized		

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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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:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Photo Matching Results:

Determination:

MINNESOTA
INSTRUCTION PERMIT

UNDER 21



DENG S GOL
1505 MARION RD #202
ROCHESTER, MN 55904

Date of Birth 01-01-1990

Sex	Eyes	Class
M	BRN	IP
Height	Weight	
6-1	140	

ISSUED 01-2010 EXPIRES 12-28-2011

[Signature]

N584132506417

SOCIAL SECURITY

96555-2429

THIS NUMBER HAS BEEN ESTABLISHED FOR

DENG S GOL

ADMINISTRATION

SIGNATURE

USA 10/05/2009

Phone # given has been changed or disconnected

11.5.10
2pm



file app.
11.2.10

Called back

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10/26/10

Name Go Deng (S)
Last First Middle Maiden

Present address 2017th SE Apt 10 Rochester Mn 55904
Number Street City State Zip

How long 3 months Social Security No. 468 - 55 - 2429

Telephone (507) 2518592

If under 18, please list age _____ Referred by relative

Position applied for (1) Member of the crew Days/hours available to work
and salary desired (2) open
(Be specific) No Pref _____ Thur _____
Mon _____ Fri 4pm - 12am
Tue _____ Sat 9am - 4pm
Wed 4pm Sun 9am - 3pm

How many hours can you work weekly? 24 hrs Can you work nights? yes

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

When available for work? very soon as I called

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>Mays High school</u>		<u>not yet</u>	<u>General (12th)</u>
College				
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>Q.P.P</u>	Supervisor name <u>SCOTT</u>	
Position <u>Crew member</u>	Employment dates	Pay or salary
Company <u>Hormel</u>	From <u>10</u>	Start <u>6/10/10</u> <u>7/7/2010</u>
Address <u>711 Hormel Century Parkway</u>	To <u>27</u>	Final <u>5/27/10</u> <u>8/30/2010</u>
<u>Austin, Mn 55912</u>	Your last job title <u>crew member</u>	
Telephone <u>(507) 4346316</u>		

Reason for leaving (be specific) Coming back to school / quit

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

popping the landings, using wizard knives

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) _____

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