

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 <u>Gloria Castillo</u>	First <u>Gloria</u>	Middle Initial <u></u>	Maiden Name <u></u>
Address (Street Name and Number) <u>320 1/2 Melon ave.</u>		Apt. # <u></u>	Date of Birth (month/day/year) <u>10-9-69</u>
City <u>SIFON</u>	State <u>SD</u>	Zip Code <u>57105</u>	Social Security # <u>583-27-5379</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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <u>Gloria Castillo</u>	Date (month/day/year) <u>1-21-08</u>
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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.

Preparer's/Translator's Signature <u></u>	Print Name <u></u>
Address (Street Name and Number, City, State, Zip Code) <u></u>	Date (month/day/year) <u></u>

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: _____	OR	<u>ID Card</u>	AND	<u>SS Card</u>
Issuing authority: _____		<u>MN</u>		<u>US GOV</u>
Document #: _____		<u>5109157045110</u>		<u>583-27-5379</u>
Expiration Date (if any): _____		<u>10-9-2010</u>		
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) 1/14/08 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 <u>Ashley Postma</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 1200 Washington St Ste 290 Thornton CO 80241</u>		Date (month/day/year) <u>1/21/08</u>

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

A. New Name (if applicable) <u></u>	B. Date of Rehire (month/day/year) (if applicable) <u></u>
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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): _____
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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 <u></u>	Date (month/day/year) <u></u>
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MINNESOTA
IDENTIFICATION

1375 JARED AVE
 WORKINGTON

Date of Birth: 10-11-1979
 Sex: F
 Eye: BRN
 Height: 4-11
 Weight: 169

ISSUED 10-2006

Replaces expires on: 10-2010

S109157045110

SOCIAL SECURITY

GENE PHILIP FAUNG

1375 JARED AVE
 WORKINGTON

10-11-1979

10-2006

10-2010

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/15/2008
Page: 1 of 1

Case Verification Number: 2008015170502EU

Initial Verification:

Last Name:	Castaing	First Name:	Gloribel
Middle Initial:		Maiden Name:	
Social Security Number:	583-27-5379	Date of Birth:	10/09/1969
Hire Date:	01/14/2008	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:	01/15/2008

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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