

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/12/2013  
Page: 1 of 1

Case Verification Number: 2013255154754QX

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

Last Name:	Okwir	First Name:	Hellen
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 2445	Date of Birth:	01/01/1990
Citizenship Status:	A lawful permanent resident	Email Address:	

**Document Information:**

List A Document:	Arrival/Departure Record (Form I-94) with temporary I-551 stamp or refugee admission stamp (receipt)		
Alien Number:	212318097	I-94 Number:	

**Additional Information:**

Hire Date:	09/11/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACOR9642	Submitted On:	09/12/2013

**Initial Case Result:**

Last Name (in DHS records):	OKWIR	First Name (in DHS records):	HELLEN
Case Result:	Employment Authorized		

**Employee Referred to SSA:**

Referred By:	Referred On:
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**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:	Response Date:
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**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:
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**Request Name Review:**

Comments:	Submitted On:
Submitted By:	

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

Case Result:	Response Date:
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**Employee Referred to DHS:**

Referred By:	Referred On:
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**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:	Response Date:
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**Photo Matching Results:**

Determination:
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**Employee Referred to DHS (Additional):**

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Referred By:

Referred On:

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**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

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**Case Closure:**

Closure Statement:

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

Closed By:

ACOR9642

Closed On:

09/12/2013

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**Section 2: Employer or Authorized Representative Review and Verification**

(Employer 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 acquire 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:

OKmr, Hellen

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: 1-94 Refugee Adm Sam		Document Title:		Document Title:
Issuing Authority: Department of Homeland Security		Issuing Authority:		Issuing Authority:
Document Number: A-212 318097		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): N/A		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
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): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Anna Cordova</i>	Date (mm/dd/yyyy) 09/12/2013	Title of Employer or Authorized Representative Admin
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405	City or Town EDINA	State MN
		Zip Code 55439

**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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# 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** (Employee 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) Dkwir		First Name (Given Name) Hellen		Middle Initial Anenu	Other Names Used (If any)	
Address (Street Number and Name) 1533 10 <sup>th</sup> St SE			Apt. Number 10	City or Town Rochester		State MN
Zip Code 55904		Date of Birth (mm/dd/yyyy) 1-1-1990		U.S. Social Security Number 652-58-2448		E-mail Address
					Telephone Number 507-206-4313	

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):

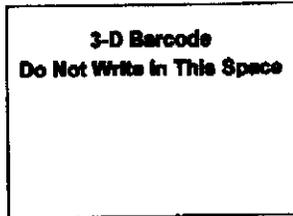
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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>X Dkwir</i>	Date (mm/dd/yyyy): <i>X 1-1-1990</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	



**Warning** A nonimmigrant who accepts unauthorized employment is subject to deportation.  
**Important** Retain this permit in your possession; *you must surrender it when you leave the U.S.*  
Failure to do so may delay your entry into the U.S. in the future.  
You are authorized to stay in the U.S. only until the date written on this form. To remain past this date,  
without permission from Department of Homeland Security authorities, is a violation of the law.

**Surrender this permit when you leave the U.S.:**

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

**Record of Changes**

A - 2 1 2 3 1 8 0 9 7

**Departure Record**

**Port:**

**Date:**

**Carrier:**

**Flight No./ Ship Name:**