



FAXED 9/28/07

EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

LAST NAME: Laber
Apellido Nombre

FIRST NAME: Jamie MIDDLE INITIAL: L
Primero Nombre Segunda Inicial

ADDRESS: 1242 8th Ave SE
Direccion

CITY: Rochester STATE: MN ZIP: 55904
Ciudad Estado Zona Postal

HOME PHONE #: (501)288-0528 CELL PHONE #:
Teléfono Celular teléfono

DATE OF BIRTH: 7/1/87
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 248-75-8452
Numero de Seguro Social

GENDER: FEMALE MALE MARITAL STATUS: MARRIED SINGLE
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) White
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Tiffany</u>	
Nombre	
PHONE #: <u>(501)261-1080</u>	
Teléfono	

FOR CMG USE ONLY:

HIRE DATE: 9/24/07 START DATE: 9/24/07 TERM DATE: _____

SALARY (Hourly): \$7.50 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: Hornel-3rd SUPERVISOR: _____

PRIMARY LANGUAGE: English WORKERS COMP CODE: 6504

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit <input checked="" type="checkbox"/>
CMG Rollover Date: _____	
Client Rollover Date: _____	

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/27/2007
Page: 1 of 1

Case Verification Number: 2007270155305XR

Initial Verification:

Last Name:	Laber	First Name:	Jamie
Middle Initial:		Maiden Name:	
Social Security Number:	248-75-8452	Date of Birth:	07/01/1987
Hire Date:	09/24/2007	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:	ESAG1816	Initiated On:	09/27/2007

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 Authorized	Resolved On:	09/27/2007
Resolved By:	ESAG1816		

SENSITIVE BUT UNCLASSIFIED

MINNESOTA

UNDER 21

INSTRUCTION PERMIT



JAMIE LEE LABER
1242 SE 8TH AVE
ROCHESTER, MN 55904

Date of Birth 07-01-1987

Sex	Eyes	Class
M	GRN	IP

Height	Weight
6-2	170

ISSUED 04-2007

EXPIRES 03-22-2009

C613071447210

Jamie Laber

*Renod
9/18/07*