

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 of 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>WIPP</u>	First <u>Jason</u>	Middle Initial <u>W</u>	Maiden Name
Address (Street Name and Number) <u>102 5th AVE SE</u>		Apt. #	Date of Birth (month/day/year) <u>7-30-1976</u>
City <u>PRESTON</u>	State <u>MA</u>	Zip Code <u>516164</u>	Social Security # <u>504 92 2593</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

Date (month/day/year)

8-29-07

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>CDL</u>		<u>Birth Cert</u>
Issuing authority: _____		<u>SD</u>		<u>SD</u>
Document #: _____		<u>00646416</u>		<u>140-1976-006088</u>
Expiration Date (if any): _____		<u>7-30-12</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) _____ 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>Nicola R. Backer</u>	Print Name <u>Nicola R. Backer</u>	Title <u>On Site Ass't.</u>
Business or Organization Name <u>ESS6 Bldg Metro Blvd</u>	Address (Street Name and Number, City, State, Zip Code) <u>635 Edina MN 55349</u>	Date (month/day/year) <u>8-29-07</u>

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

A. New Name (if applicable)	B. Date of Retire (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 eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

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

Date (month/day/year)

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 of 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>WIPF</u>	First <u>Jason</u>	Middle Initial <u>W</u>	Maiden Name
Address (Street Name and Number) <u>102 5TH ST SE</u>		Apt. #	Date of Birth (month/day/year) <u>7-30-1976</u>
City <u>PIPERSTONE</u>	State <u>MN</u>	Zip Code <u>56164</u>	Social Security # <u>504-92-2593</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: [Signature] Date (month/day/year): 10-8-07

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>DL SD</u>		<u>Birth Cert</u>
Issuing authority: _____		<u>SD</u>		<u>SD</u>
Document #: _____		<u>00646416</u>		<u>140-1976-006058</u>
Expiration Date (if any): _____		<u>7/30/2012</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) 10-8-07 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>[Signature]</u>	Print Name <u>J. Fraser</u>	Title <u>Dist. Mgr</u>
Business or Organization Name <u>CNG</u>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>10-8-07</u>

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

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 eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
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South Dakota M. Michael Rounds, Governor

COMMERCIAL DRIVER LICENSE

CLASS	ISSUE DATE	EXPIRE DATE
	08/13/2007	07/31/2012
HEIGHT	WEIGHT	SEX
5/09	190	M
BIRTH DATE	RESTRICTIONS	EXPIRE DATE
07/10/1955	B	

WIFE: JASON WAYNE

1209 N DULUTH AVE #1
SIOUX FALLS, SD 57104-1482

LICENSE NUMBER
00646446




South Dakota M. Michael Rounds, Governor
COMMERCIAL DRIVER LICENSE

ISSUE DATE: 08/13/2007 EXPIRE DATE: 07/30/2012
HEIGHT: 5/09 WEIGHT: 190 SEX: M
BIRTH DATE: 07/30/1976 RESTRICTIONS: B E M-
MENTS

Jason Wipf
WIPF, JASON WAYNE
1209 N DULUTH AVE #1
SIOUX FALLS, SD 57104-1482

LICENSE NUMBER: **00646446**

 **DONOR**

CERTIFICATE OF BIRTH

FILE NUMBER: 140-1976-006088

NAME: JASON WAYNE WIPF

SEX: MALE

DATE OF BIRTH: 07/30/1976

FILE DATE: 08/06/1976

COUNTY OF BIRTH: BEADLE

MOTHER'S NAME

PRIOR TO FIRST MARRIAGE: GLORIA JEAN PAGE

FATHER: LAWAYNE IVAN WIPF

*This is a true certification of the official Vital Record
filed in the Department of Health as provided in
Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS.*

ISSUED BY BEADLE COUNTY REGISTER OF DEEDS

Anthony C Nelson

ANTHONY C NELSON
STATE REGISTRAR

Carol O'Leary

11/29/2007

DATE ISSUED

SD0535420



SENSITIVE BUT UNCLASSIFIED

Report Prepared: 10/22/2007

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Department of Homeland Security

E-Verify

Case Verification Number: 2007295095814WL

Initial Verification:

Last Name:	Wipf	First Name:	Jason
Middle Initial:		Maiden Name:	
Social Security Number:	504-92-2593	Date of Birth:	07/30/1976
Hire Date:	10/08/2007	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:	JFRA1080	Initiated On:	10/22/2007

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 On:

Verification Response:

Eligibility: Response Date:

DHS Referral: