

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/18/2007
Page: 1 of 1

Case Verification Number: 2007261155828XG

Initial Verification:

Last Name:	Tomsee	First Name:	Jean
Middle Initial:		Maiden Name:	
Social Security Number:	469-23-1033	Date of Birth:	10/25/1967
Hire Date:	09/13/2007	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	071456556	I-94 Number:	
Card Number:	LIN0220954500		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	09/18/2007

Initial Verification Results:

Last Name:	TOMSEE	First Name:	JEUAN
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

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 By:	ESAG1816	Resolved On:	09/18/2007

FAXED
9/12/07



Employee Information Sheet (Strictly Confidential)

Date of Hire: 9/13/07

Termination Date: _____

First Name: Jean (June) Middle Name: _____

Last Name: Tomsee

Address: 4514 14th Ave NW

City: Rochester State: MN Zip: 55901

Phone number: (507) 280-7854

Cell Phone: _____

Birth date: 10/25/67

Social Security Number: 469-23-1033

Ethnic ID: (White, Black, Hispanic, Asian, Indian) Asian -> Laos

Gender: Female Male _____

Marital Status: Married Single _____

Salary: (Hourly) \$7.50

Department: RO-2 Supervisor: _____

Workers Comp Code: 0504

Emergency Contact Information

Name: Lue Khamda

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: (507) 206-0630