

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 Report Prepared: 02/02/2015
 Page: 1 of 1

Case Verification Number: 2015033093026RX

Case Information:

Employee Information:
 Last Name: Emslander
 Middle Initial:
 Social Security Number: *** ** 7668
 Citizenship Status: A citizen of the United States
 Document Information:
 List B Document: Driver's license or ID card issued by a U.S.
 Document Name: Driver's license
 State or outlying possession
 Driver's License or ID Card Number:
 Document Expiration Date: 03/19/2018
 Document State: Minnesota
 I-94 Number:
 Additional Information:
 Hire Date: 02/02/2015
 Employer Case ID: Three-Day Rule - Other
 Submitted On: 02/02/2015
 Initial Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:
 Middle Initial:
 Social Security Number:
 Resubmitted By:
 Resubmitted On:
 Date of Birth:
 Other Names Used:
 First Name:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
 Submitted By:
 Submitted On:

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

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

RBUR3676

Closed On:

02/02/2015

SENSITIVE BUT UNCLASSIFIED

This becomes a permanent legal record when properly executed. Please type, or use permanent ink.

CERTIFICATE OF LIVE BIRTH

Minnesota Department of Health
Section of Vital Statistics

1. CHILD-NAME FIRST MIDDLE LAST Joe Paul Bmslander		20. DATE OF BIRTH MONTH DAY YEAR March 19, 1984		26. HOUR	
3. SEX Male		40. THIS BIRTH SINGLE, TWIN, TRIPLET, ETC. Single		45. IF NOT SINGLE BIRTH, SPECIFY BORN FIRST SECOND, ETC.	
5B. LOCATION OF BIRTH CITY OR TOWNSHIP St. Cloud		5C. HOSPITAL-NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) St. Cloud Hospital		5D. COUNTY OF BIRTH Stearns	
60. FATHER-NAME FIRST MIDDLE LAST Leo Henry Bmslander Jr.		66. AGE (AT TIME OF THIS BIRTH) 34		6C. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
70. MOTHER-NAME FIRST MIDDLE MAIDEN Laure Mary Stearns		76. AGE (AT TIME OF THIS BIRTH) 31		7C. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota	
80. RESIDENCE OF MOTHER CITY AND ZIP CODE Stearns Minnesota		86. CITY OR TOWNSHIP Rockville		89. RESIDE COMPARE 15 YEARLY YES OR NO	
9. MAILING ADDRESS OF MOTHER STREET AND NUMBER CITY AND ZIP CODE Route 4 & John Stearns St. Cloud 56301		10. I CERTIFY THAT THIS CERTIFICATE IS CORRECT (SIGNATURE OF PAREN)		11. ATTENDANT IN B.D., C.N.M., OTHERS	
110. CERTIFICATION AND ON THE DATE SIGNED ABOVE SIGNATURE AND DATE SIGNED <i>[Signature]</i> 3/26/84		118. MAILING ADDRESS STREET AND NUMBER CITY AND ZIP CODE No. 13th Ave. & St. Germain St. Cloud		123. DATE FILED 3-27-84	
111. CERTIFIER-NAME (TYPE OR PRINT) Dr. D. R. Lindgren		120. REGISTRAR SIGNATURE <i>[Signature]</i>			
THIS SPACE RESERVED FOR USE OF REGISTRAR					

MINNESOTA
UNIVERSITY

Joe Paul

JOE PAUL, ENGINEER
245 222ND ST E
ST CLOUD, MN 56301

DATE OF BIRTH 03-10-1954
SEX M
HAIR BROWN
EYES BLUE
HT 5-11
WT 200

ISSUED 04-2014 / EXPIRES 03-19-2018

C250B51334910

