

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, 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 the documents have 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>John Alexander</u>	First <u>Martinez</u>	Middle Initial <u>R</u>	Maiden Name
Address (Street Name and Number) <u>520 N Menlo Ave H 1</u>		Apt. #	Date of Birth (month/day/year) <u>9-4-83</u>
City <u>SIOUX falls</u>	State <u>S-D</u>	Zip Code <u>57104</u>	Social Security # <u>584-96-8684</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 S-A-M-R Date (month/day/year) 1/21/08

**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>ID Card</u>		<u>SS Card</u>
Issuing authority: _____		<u>MN</u>		<u>US GOVT</u>
Document #: _____		<u>E41502575541D</u>		<u>584-96-8684</u>
Expiration Date (if any): _____		<u>9-4-2011</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) 1/14/08 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	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG 1200 Washington St Ste 290 Thornton CO 80229</u>		Date (month/day/year) <u>1-21-08</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)
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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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**MINNESOTA**  
 DEPARTMENT OF REVENUE  
 808 WASHINGTON  
 WORKINGTON, MN 55101

Date of Birth: 01/15/1954  
 Sex: M  
 Eye: BRN  
 Hair: BRN  
 Height: 5-5  
 Weight: 160

ISSUED 11-2007

*John M. Rodriguez*

E416025785410

**SOCIAL SECURITY**

ISSUED FOR  
 JOHN M. RODRIGUEZ  
 MARY W. RODRIGUEZ

*John M. Rodriguez*  
 SIGNATURE

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/15/2008  
Page: 1 of 1

Case Verification Number: 2008015170920UL

**Initial Verification:**

Last Name:	Martinezrodriguez	First Name:	John
Middle Initial:	A	Maiden Name:	
Social Security Number:	584-93-8684	Date of Birth:	09/04/1983
Hire Date:	01/14/2008	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:	APOS3210	Initiated On:	01/15/2008

**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 By: Resolved On:

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