



FAXED

SENSITIVE BUT UNCLASSIFIED

**Department of Homeland Security
E-Verify**

**Report Prepared: 04/29/2010
Page: 1 of 1**

Case Verification Number: 2010119110239EV

Initial Verification:

Last Name:	Duncan	First Name:	Joie
Middle Initial:		Maiden Name:	
Social Security Number:	398-80-9178	Date of Birth:	06/30/1962
Hire Date:	04/28/2010	Citizenship Status:	Citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	04/29/2010

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 By:	ESAG6409	Resolved On:	04/29/2010

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MINNESOTA
DRIVER'S LICENSE

JOIE LYNN DUNCAN
537 NORTHERN HILLS DR NE #10
ROCHESTER, MN 55906

Date of Birth 06-30-1962
Sex F Eyes HZL Class D
Height 5-3 Weight 150
ISSUED 08-2008 EXPIRES 06-30-2012

N014131648705



SOCIAL SECURITY

398-80-9178
THIS NUMBER HAS BEEN ESTABLISHED FOR
JOIE L. DUNCAN

Joie L. Duncan
SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 01/22/10

Name DUNCAN, JOIE LYNN, KNUDSON
Last First Middle Maiden

Present address 1217-4 1/2 St NW # 5 Rochester MN 55901
Number Street City State Zip

How long 10/09 - 3 mos Social Security No. 398 - 80 - 9178

Telephone 507 244-1899

If under 18, please list age N/A Referred by Newspaper

Position applied for (1) Production / open Days/hours available to work
 and salary desired (2) 8.00/hr - 9.00/hr
 (Be specific)
 No Pref _____ Thur X
 Mon X Fri X
 Tue X Sat EO
 Wed X Sun EO

How many hours can you work weekly? 40 Can you work nights? yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? immediately

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	MEMORIAL	Kieth St. EAUCLAIRE, WI	1	GENERAL
College	UW-River Falls WI	CASCADE AVE RIVER FALLS, WI		BSW
Bus. or Trade School	WITC-NEW Richmond, WI	KNOWLES AVE NEW RICHMOND, WI	1.5	HSED
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE, FULL-TIME AND PART-TIME RECORD.
START WITH PRESENT OR MOST RECENT EMPLOYER.

BE COMPLETE. Experience and training ratings are determined by the information you provide on this form and your score is based upon it. DO NOT WRITE "SEE RESUME." Account for ALL your work on this form. Include volunteer experience.

EMPLOYER NAME Kid's Come 1st	TELEPHONE (507) 281-8183	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS 2450 North Broadway Rochester, MN 55906	DATES FROM 08/25/2008 TO 3/18/09		
SUPERVISOR'S NAME AND TITLE Kari Olivares, Director	WAGES START \$10.00/hr		END \$10.00/hr
YOUR JOB TITLE Lead Teacher	REASON FOR LEAVING OR DESIRE TO LEAVE To be able to utilize my degree, to the fullest potential		
DESCRIPTION OF MAJOR DUTIES Provide daycare services to 1.5-2.5 year old's in a classroom type setting; set up age appropriate curriculum; work with the children on appropriate social behaviors; be constantly aware of their safety at all times; supervise two aides, and coordinate with a teacher's assistant with projects and follow center based disciplinary protocol and implement when necessary, be mindful of any abuse towards the child by observing their behavior.			

EMPLOYER NAME Working America - Rochester	TELEPHONE (507) 529-0026	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS 11 4th Street SE Rochester, MN 55904	DATES FROM 06/02/2008 TO 6/25/2008		
SUPERVISOR'S NAME AND TITLE Chelsey Evans, Canvass Director	WAGES START \$10.11/hr		END \$10.11/hr
YOUR JOB TITLE Canvasser	REASON FOR LEAVING OR DESIRE TO LEAVE Cycled out		
DESCRIPTION OF MAJOR DUTIES Canvass local communities for signature support on political issues.			

EMPLOYER NAME Global Home Healthcare, Inc.	TELEPHONE (507) 282-7471	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/>
ADDRESS 1032 15th Avenue SE Rochester, MN 55904	DATES FROM 03/18/2008 TO 06/06/2008		
SUPERVISOR'S NAME AND TITLE Margo Stevermer, Office Manager	WAGES START \$9.50/hr		END \$9.50/hr
YOUR JOB TITLE Personal Care Attendant	REASON FOR LEAVING OR DESIRE TO LEAVE decreased hours and left to take another job		
DESCRIPTION OF MAJOR DUTIES Assist in personal cares with clients in their homes; light housekeeping and meal preparation as requested or assigned duties by the care plan given from doctor or health care agency; did local errands when requested by the client, ie grocery shopping; provided companionship as assigned by Global Home Healthcare.			

YOU MAY SUPPLEMENT THIS INFORMATION BY ATTACHING ADDITIONAL SHEETS IF NECESSARY.
BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

DL-MN DL# NO14131648705

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EMPLOYER NAME Alterra - Clare Bridge Assisted living	TELEPHONE (651) 245-1913 (Jami's Cell)	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS 300 Village Center Drive North Oaks, MN	DATES FROM 10/25/2006 TO 01/25/2007		
SUPERVISOR'S NAME AND TITLE Tom Reidel, Former Executive Director	WAGES START \$10.50/hr +.50 END \$10.50/hr +.50		
YOUR JOB TITLE Resident Assistant (10p-6a)	REASON FOR LEAVING OR DESIRE TO LEAVE Family Illness - will explain upon personal interview		
DESCRIPTION OF MAJOR DUTIES Assisted residents with their daily needs (toileting, personal hygiene, showers etc.); Did safety checks on residents on my assignment sheet; Did Facility laundry as well as resident laundry as needed; Did resident transfers from wheel chair to bed; Set table for meals, assist residents in eating, involved in taking residents to activities; Documented in the ADL book on each resident report concerns to the nurse, etc.			

EMPLOYER NAME Kwik Trip - Wilson	TELEPHONE (715) 772-4283	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS Hwy 128 & I-94, exit 28 Wilson, WI	DATES FROM 08/2003 TO 10/2006		
SUPERVISOR'S NAME AND TITLE Greg McKinnon, Store Leader	WAGES START \$8.50/hr+1.00 END \$8.95/hr+1.00		
YOUR JOB TITLE Retail Co-Worker (10p-6a)	REASON FOR LEAVING OR DESIRE TO LEAVE Took the position at Alterra		
DESCRIPTION OF MAJOR DUTIES Cashier, check out customers; Customer skills and relations; Stock the cooler and pull bakery for the next day; thaw and frost bake set out for customers for the next day; do next day ordering for the bakery; maintain the fresh foods case, the condiment bar, hot foods case, and the coffee bar, rotate stock, maintain store cleanliness and quality on the shift as part of a team.			

EMPLOYER NAME Turningpoint for Victims of Domestic and Sexual Vic	TELEPHONE (715) 425-6165	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/>
ADDRESS P.O. Box 304 River Falls, WI 54022	DATES FROM 07/1999 TO 09/2002		
SUPERVISOR'S NAME AND TITLE Laurie Weinberg, Associate Director	WAGES START \$8.87/hr END \$9.47/hr		
YOUR JOB TITLE Legal Advocate	REASON FOR LEAVING OR DESIRE TO LEAVE Laid -Off due to funding constraints		
DESCRIPTION OF MAJOR DUTIES Assisted clients in filling out and filing domestic abuse, harassment, and child abuse restraining orders; Attended legal proceedings when requested; Maintained legal hours in Pierce County for availability of clients; Networked and continued a rapport with local area law enforcement agencies for the good of the client; Provided current information from workshops and trainings to law enforcement and court staff when necessary; documented for legal grant and shelter statistics			

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EMPLOYER NAME Turningpoint for Victims of Domestic and Sexual Vi	TELEPHONE (715) 425-6751	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS P.O. Box 304 River Falls, WI 54022	DATES FROM 05/1997 TO 06/1999		
SUPERVISOR'S NAME AND TITLE Laurie Weinberg, Associate Director	WAGES START 8.17/hr END 8.87/hr		
YOUR JOB TITLE Family Advocate	REASON FOR LEAVING OR DESIRE TO LEAVE Took the Legal Advocate position		
DESCRIPTION OF MAJOR DUTIES Staffed the 24-Hour crisis, information/referral line; Provided crisis intervention, advocacy, and one-on-one support to clients and their children; Facilitated a Domestic Violence Support Group weekly; Community education presentations and outreach within rural Pierce County; Assisted in house management duties; Documented for the Domestic Violence grant statistics; attended weekly staff meetings			

EMPLOYER NAME Turningpoint for Victims of Domestic and Sexual Vi	TELEPHONE (715) 425-6751	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input checked="" type="checkbox"/> PART TIME <input type="checkbox"/>
ADDRESS P.O. Box 304 River Falls, WI 54022	DATES FROM 01/1997 TO 04/1997		
SUPERVISOR'S NAME AND TITLE Laurie Weinberg, Associate Director	WAGES START 0 END 0		
YOUR JOB TITLE Advocate Intern	REASON FOR LEAVING OR DESIRE TO LEAVE Graduated college, internship ended		
DESCRIPTION OF MAJOR DUTIES Staffed the 24-Hour crisis, information/referral line; Provided crisis intervention, advocacy, and one-on-one support to clients and their children; Facilitated a Domestic Violence Support Group weekly; Community education presentations and outreach within rural Pierce County; Assisted in house management duties; Documented for the Domestic Violence grant statistics; attended weekly staff meetings			

EMPLOYER NAME Salvation Army - Pierce County	TELEPHONE ()	MAY WE CONTACT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FULL TIME <input type="checkbox"/> PART TIME <input checked="" type="checkbox"/>
ADDRESS River Falls, WI 54022	DATES FROM 11/1996 TO 12/1997		
SUPERVISOR'S NAME AND TITLE Connie Swain, Former Director	WAGES START 0 END 0		
YOUR JOB TITLE Volunteer	REASON FOR LEAVING OR DESIRE TO LEAVE Volunteer position		
DESCRIPTION OF MAJOR DUTIES Assisted in the Bell ringing by contacting local businesses for their approval to have the bell ringers at their place of business, set up the other volunteers/organizations to man the kettles, met at the different locations to follow up and answer any concerns they had, assisted in the office when needed, by answering phones, filing, typing notices and announcements, assisted in the newsletter			

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