

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/19/2012
Page: 1 of 1

Case Verification Number: 2012079144500QK

Case Information:**Employee Information:**

Last Name:	Ahmed	First Name:	Sahal
Middle Initial:	S	Maiden Name:	
Social Security Number:	*** ** 1958	Date of Birth:	01/01/1992
Citizenship Status:	A lawful permanent resident		

Document Information:

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	SRC0813254906	Document Expiration Date:	
Alien Number:	059792357	I-94 Number:	

Additional Information:

Hire Date:	03/19/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	TKOS8853	Submitted On:	03/19/2012

Initial Case Result:

Last Name (in DHS records):	AHMED	First Name (in DHS records):	SAHAL
		Document Expiration Date (in DHS records):	INDEFINITE

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By:	Referred On:
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Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result:	Response Date:
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Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:	Submitted On:
Submitted By:	

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

Case Result:	Response Date:
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Employee Referred to DHS:

Referred By:	Referred On:
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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: _____

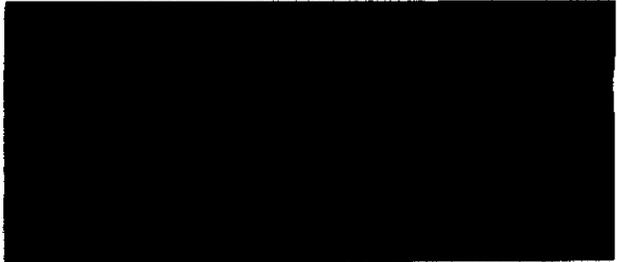
Case Closure:

Closure Statement: _____
Closed By: _____ Closed On: _____

SENSITIVE BUT UNCLASSIFIED

PERMANENT RESIDENT CARD

The person identified by this card is authorized to work and reside in the U.S.



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

Form I-9, Employment Eligibility Verification

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-authorized 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 AHMED	First SAHAL	Middle Initial SAID	Maiden Name
Address (Street Name and Number) 4077 Rolling Ridge St. S.E		Apt. #	Date of Birth (month/day/year) 01-01-1992
City Rochester	State MN	Zip Code 55904	Social Security # 474-51-7958

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.

Sahal

Employee's Signature +

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) **059-792-357**
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Date (month/day/year) + **2/15/2012**

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: Perm Res. Card		DRIVERS LICENSE		Social Sec Card
Issuing authority: Dept of Homeland Sec		State of Minnesota		Social Sec Admin
Document #: SEC 0813254906		E 316 8053442414		474-51-1958
Expiration Date (if any): 4/29/2018		1-1-2013		
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 authorized 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	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 7301 OHMS LANE, SUITE 405 EDINA, MN 55439		Date (month/day/year)

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 authorization.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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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