

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/06/2012
Page: 1 of 1

Case Verification Number: 2012097141015BY

Case Information:**Employee Information:**

Last Name:	Thompson	First Name:	Lazet
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7254	Date of Birth:	08/07/1981
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	08/07/2014
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	04/03/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	04/06/2012

Initial Case Result:

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:		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:

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:

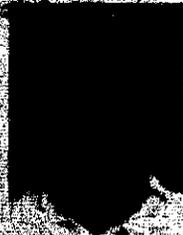
ESAG6409

Closed On:

04/06/2012

SENSITIVE BUT UNCLASSIFIED

DRIVER'S LICENSE



LARZEL EACIAE THOMPSON
214 16TH AVE SW APT 100
ROCHESTER, MN 55904

Date of Birth 08-03-1988
Sex F Eyes BLK
Height 5-7 Weight 220

ISSUED 08-2010 EXPIRES 08-07-2014

Larzel Thompson

Y825283293115

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

349-70-1254

**LAZET LACIAL
THOMPSON**

[Handwritten Signature]

SIGNATURE

11/05/2008

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 <u>Thompson</u>	First <u>Lazet</u>	Middle Initial <u>L</u>	Maiden Name
Address (Street Name and Number) <u>356 Central Ave</u>		Apt. #	Date of Birth (month/day/year) <u>08/07/1981</u>
City <u>Lumbrota</u>	State <u>MN</u>	Zip Code <u>55998</u>	Social Security # <u>349 70 7254</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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 08/03/12

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: _____	OR	<u>Driver's License</u>	AND	<u>Social Security Card</u>
Issuing authority: _____		<u>Minnesota</u>		<u>J.S.A.</u>
Document #: _____		<u>Y825283293115</u>		<u>349-70-7254</u>
Expiration Date (if any): _____		<u>8/7/14</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) 4/3/12 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 <u>[Signature]</u>	Print Name <u>Emily Theros</u>	Title <u>On-Site Rep</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>7001 OHMS LANE, SUITE 405</u>		Date (month/day/year) <u>4/3/12</u>
Employer Solutions Staffing Group <u>EDINA, MN 55439</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 authorization.

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