

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/23/2013
Page: 1 of 1

Case Verification Number: 2013235105252GT

Case Information:**Employee Information:**

Last Name:	Mawi	First Name:	Eng
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3176	Date of Birth:	09/09/1980
Citizenship Status:	A lawful permanent resident	Email Address:	

Document Information:

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	LIN1390469533	Document Expiration Date:	
Alien Number:	212309077	I-94 Number:	

Additional Information:

Hire Date:	08/23/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACOR9642	Submitted On:	08/23/2013

Initial Case Result:

Last Name (in DHS records):	MAWI	First Name (in DHS records):	ENG THUAM
		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 By:	Submitted On:

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:

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

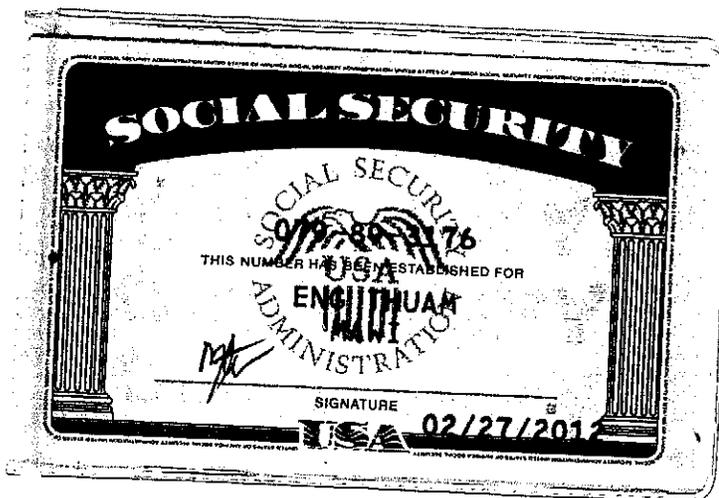
Closed By:

ACOR9642

Closed On:

08/23/2013

SENSITIVE BUT UNCLASSIFIED



UNITED STATES OF AMERICA EMPLOYMENT AUTHORIZATION CARD

MAWI ENG THUAM 09 SEP 1980

Surname
MAWI

Given Name
ENG THUAM

USCIS#
212-309-077 Category Card#
A03 LIN1205350225

Country of Birth
Burma

Terms and Conditions
None

Date of Birth
09 SEP 1980 Sex
F

Valid From: **12/28/11**

Card Expires: **12/27/13**

Signature Waived

NOT VALID FOR REENTRY TO U.S.

Fingerprint not available

UNITED STATES OF AMERICA PERMANENT RESIDENT

MAWI ENG THUAM 09 SEP 1980

Surname
MAWI

Given Name
ENG THUAM

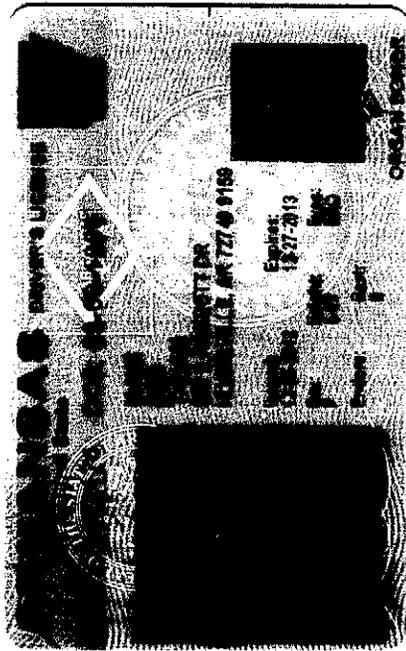
USCIS#
212-309-077 Category
RE6

Country of Birth
Burma

Date of Birth
09 SEP 1980 Sex
F

Card Expires: **07/12/23**

Resident Since: **12/13/11**





Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) MAWI		First Name (Given Name) ENG		Middle Initial T	Other Names Used (if any)	
Address (Street Number and Name) 1820 37th Street, NW - D			Apt. Number D	City or Town Rochester		State MN
Zip Code 55901		Date of Birth (mm/dd/yyyy) 9/9/1980	U.S. Social Security Number 079-89-3176	E-mail Address engthuanmawi@gmail.com		Telephone Number 479-325-8449

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):

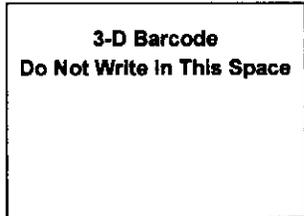
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

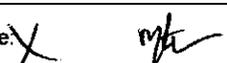


If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: 	Date (mm/dd/yyyy): 8/22/13
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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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code





Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

Narvi Eng

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Permanent Res. Card		Document Title:		Document Title:
Issuing Authority: Dept of Homeland Sec		Issuing Authority:		Issuing Authority:
Document Number: 212-309-077		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 07/12/23		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Ahna Cordova</i>		Date (mm/dd/yyyy) 08/23/23	Title of Employer or Authorized Representative <i>Admin Asst</i>	
Last Name (Family Name) Cordova		First Name (Given Name) Ahna		Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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