

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 07/21/2014
Page: 1 of 1

Case Verification Number: 2014202115900BM

Case Information:**Employee Information:**

Last Name:	Arop Deng	First Name:	Nyanek
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 4255	Date of Birth:	11/22/1974
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:	LIN0219551509	Document Expiration Date:	
Alien Number:	028210597	I-94 Number:	

Additional Information:

Hire Date:	07/21/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	07/21/2014

Initial Case Result:

Last Name (in DHS records):	AROP DENG	First Name (in DHS records):	NYANEK
		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:	Other Names Used:
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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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: Arop Deng, Nyaneek K

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Perm - Res - Card</u>		Document Title:		Document Title:
Issuing Authority: <u>DHS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>LIN0219551509</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>2/14/15</u>		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 <u>Emily Theros</u>		Date (mm/dd/yyyy) <u>7/2/14</u>	Title of Employer or Authorized Representative <u>Office Assistant</u>	
Last Name (Family Name) <u>Theros</u>		First Name (Given Name) <u>Emily</u>	Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>	
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>		City or Town <u>EDINA</u>	State <u>MN</u>	Zip Code <u>55439</u>

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):

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):

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:

**DRUG AND ALCOHOL
TESTING CONSENT FORM**

1. I have been allowed to read and inspect a written copy of ESSG policy on drugs and alcohol.

2. I have read the entire contents of this policy and I am aware and fully understand: (a) the policy and its contents; (b) what conduct the policy prohibits and the consequences of such conduct; (c) my rights under the policy and the consequences if I exercise certain rights; and (d) that certain events as described in the policy may result in adverse personnel action, including my termination from employment with ESSG. I understand that this policy in any form, and any employee handbook including this policy, are not a unilateral employment contract or offer thereof.

3. I hereby voluntarily consent to ESSG, or its health service providers, or other persons or entities acting for or with them, to collect a body component (blood, urine, breath, or any combination thereof) from me for testing for alcohol and/or drugs. I understand that the laboratory selected by ESSG may conduct testing and other analysis on the sample provided by me. I further voluntarily consent to the laboratory's disclosure to ESSG of the results of my drug and/or alcohol test and other information related to the test.

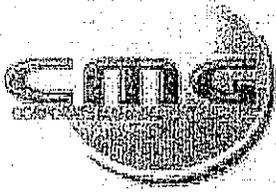
Nyanek Arop-Deng

Individual's Name

7/21/14

Date

SIGN THIS VERSION OF CONSENT—SAME AS PAGE 6



Preliminary Questions

For CMG use only

Name: Nyanek Arop-Deng

Date: 7/21/14

- 1. If hired are you willing to take a drug test? Yes
- 2. Do you have any known food allergies to soy, wheat, peanuts, or milk? NO
- 3. Are you able to work with pork? Yes
- 4. Which plant do you prefer? Either / north
- 5. What shift to you prefer? open / 1st

To be completed during interview only

Date of interview 7/21/14

Have you ever been convicted of a crime? Yes No

Explain

Incident _____

Employee Signature Nyanek Arop-Deng

Interviewer Signature Alia Condora

Applicant Interview Score Card

Name: Myanek Arap-Denay Date of Interview: 7/21/2014

Position/Shift Assignment _____ Standby by position _____

Rating weak (1) to strong (5)

1. Understanding of English conversation

1 2 3 4 5 5

2. Speaks English Fluently

1 2 3 4 5 5

3. Work experience related to job-food industry

1 2 3 4 5 5

4. Work history-working presently, yrs in workforce

1 2 3 4 5 5 2/14

5. Criminal background information

1 2 3 4 5 5

6. Possesses required New Hire documentation

1 2 3 4 5 5

7. Personality-friendly, pleasant, sense of humor

1 2 3 4 5 5

8. Appearance-well-groomed, cleanliness

1 2 3 4 5 5

9. Meets requirements to work w/pork, peanuts & soy

1 2 3 4 5 5

10. Shifts availability-prefers shift that is available for

Open positions, willing to be flexible to shifts Available.

1 2 3 4 5 5

Total possible points 50pts. Total points scored _____

Former Employer Rating Bonus Points 1-20 _____

Interviewer: Ana Cordova total points _____

Date: 7/21/2014



RICK & ROSE

Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
 - a. Co-workers
 - b. Good friends
 - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
 - a. True
 - b. False
3. Where did the supervisor find Rose?
 - a. Outside
 - b. Working on the line
 - c. In the cafeteria
 - d. In the bathroom
4. How did Rick feel when he saw Rose?
 - a. Mad
 - b. Sad
 - c. Happy
 - d. Confused
5. What lesson did Rick and Rose learn?
 - a. Teamwork
 - b. How to make carrots and ranch
 - c. Communication
 - d. Both A & C