



FAXED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 11/09/2010  
Page: 1 of 1

Case Verification Number: 2010313114847RS

Initial Verification:

Last Name:	Syring	First Name:	Kayla
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 6525	Date of Birth:	10/11/1990
Hire Date:	11/08/2010	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	11/09/2010

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:	
Submitted By:		Submitted On:	

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:  
Submitted By: Submitted On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Photo Matching Results:

Determination:

Additional DHS Referral:

Referral By: Referral Date:

Additional DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	11/09/2010

SENSITIVE BUT UNCLASSIFIED

Handwritten red and blue markings at the top left of the page.

**MINNESOTA**  
**INSTRUCTION PERMIT**

**UNDER 21**



**KAYLA MARIE SYRING**  
 2883 BANDEL DR NW  
 ROCHESTER, MN 55901

Date of Birth **10-11-1990** AGE **18** **10-11-2008**  
 Sex **F** Eyes **BLU** Class **IP**  
 Height **5-6** Weight **130**  
**DONOR**

ISSUED **11-2005** EXPIRES **11-04-2007**

*Kayla Syring*

**M563156000514**

**SOCIAL SECURITY**



2-21-562

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**KAYLA MARIE SYRING**

*Kayla Syring*  
 SIGNATURE

left message  
11-2-10

11-8-10 @ 30 pm



### APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10-19-10

Name Syring, ~~Debbie~~ Kayla, M  
Last First Middle Maiden

Present address 12550 portland Ave S Burnsville MN 55337  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. 472 - 21 - 6525

Telephone (952) 454 2587

If under 18, please list age \_\_\_\_\_ Referred by Clifford O'Neil / family

Position applied for (1) QA or Line Days/hours available to work  
 and salary desired (2) \_\_\_\_\_  
 (Be specific) No Pref  Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

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? 10-19-10

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	<u>Century</u>	<u>Rochester MN</u>	<u>4</u>	<u>Diploma</u>
College				
Bus. or Trade School				
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. \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name _____	Supervisor name <u>Sam Bayer</u>	
Position _____	Employment dates	Pay or salary
Company <u>Charter Communications</u>	From <u>11/19/09</u>	Start <u>11.00</u>
Address <u>Branch Rd</u>	To <u>7/10/10</u>	Final <u>11.14</u>
<u>Rochester, MN</u>	Your last job title <u>BTS</u>	
Telephone <u>(507) 535 7911</u>		

Reason for leaving (be specific) Moved out of Area

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Troubleshoot Issues with internet/cable issues.

Name _____	Supervisor name <u>Kan McKay</u>	
Position _____	Employment dates	Pay or salary
Company <u>Kwik Trip</u>	From <u>May 08</u>	Start <u>9.00</u>
Address <u>Rochester Hwy</u>	To <u>Feb. 10</u>	Final <u>9.40</u>
<u>52 N.</u>	Your last job title <u>Cashier</u>	
Telephone <u>(507) 530 1726</u>		

Reason for leaving (be specific) NEW job

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Cashier, Truck unloader, Foods Person.