



FAXED

**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**



**KIONA SHENNIS ADAMS**  
3126 E 58TH 5  
MINNEAPOLIS, MN 55420

Date of Birth 01-17-1984  
Sex Eyes Class  
F BRN ID  
Height Weight  
5-3 145  
ISSUED 02-2009 EXPIRES 01-17-2013

H378012649718

*[Handwritten signature]*

**SOCIAL SECURITY**

**352-74-0124**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**KIONA SHANICE**  
**ADAMS**

*[Handwritten signature]*

SIGNATURE  
**USA 10/07/2009**



**FAXED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 08/06/2010  
Page: 1 of 1

Case Verification Number: 2010218172928DX

**Initial Verification:**

Last Name:	Adams	First Name:	Kiona
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0124	Date of Birth:	01/17/1984
Hire Date:	08/06/2010	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:	08/06/2010

**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:

**Case Resolution:**

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	08/06/2010

SENSITIVE BUT UNCLASSIFIED

OPEN Shift



8.2.10 2:30 pm

### APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 7-21-10

Name Adams KRONAS  
Last First Middle Maiden

Present address 457 Center Rochester MN 55903  
Number Street City State Zip

How long 1 month Social Security No. 352-74-0124

Telephone (old) 245-1033 or 62-743-8708

If under 18, please list age \_\_\_\_\_ Referred by WALK IN

Position applied for (1) OPEN Days/hours available to work  
 and salary desired (2) 10.00  
 (Be specific) 2 to 10  
 No Pref \_\_\_\_\_ Thur OPEN  
 Mon OPEN Fri OPEN  
 Tue OPEN Sat OPEN  
 Wed OPEN Sun OPEN

How many hours can you work weekly? 40 or more Can you work nights? Yes

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? ASAP

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>Bloom</u>	<u>Ongs Hill</u>	<u>4</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

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number H378012649718 State of issue MN

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 01-17-13

Have you had any accidents during the past three years? Yes \_\_\_ No

If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes \_\_\_ No

If so, how many? \_\_\_\_\_

OFFICE USE ONLY

Typing  Yes \_\_\_ No

Personal Computer \_\_\_ Yes \_\_\_ No

10-key \_\_\_ Yes \_\_\_ No

60 WPM

\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Shamaya Name Fallon

Position Cashier Position Health Aide

Company Burger King Company LIFE CARE

Address 303 WEST CENTER STREET Address 557 CENTER STREET

Telephone (773) 491-5785 Telephone (507) 201-0078

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

- Trustworthy
- Good attendance. Never was out

**APPLICATION FOR EMPLOYMENT**

**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 <u>White Castle</u>		Supervisor name <u>Tyler</u>	
Position <u>Manager</u>		Employment dates	Pay or salary
Company <u>White Castle</u>		From <u>01-02</u>	Start <u>7:50</u>
Address <u>31st Lake Street</u>		To <u>8-09</u>	Final <u>11:50</u>
<u>So. Minneapolis</u>		Your last job title <u>Manager</u>	
Telephone <u>(612) 756-3034</u>		Reason for leaving (be specific) <u>moved out of Area</u>	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Managed 8 to 10 employees</u>			

Name <u>Amerimed</u>		Supervisor name <u>Sally</u>	
Position <u>Health Aide</u>		Employment dates	Pay or salary
Company <u>Amerimed</u>		From <u>3-04</u>	Start <u>10:50</u>
Address <u>96 Ameri Blvd Bloomington</u>		To <u>10-08</u>	Final <u>12:00</u>
<u>MN</u>		Your last job title <u>Health Aide</u>	
Telephone <u>(612) 854-9071</u>		Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Who were you referred by? Walk In

May we contact your present employer?  Yes \_\_\_ No

Did you complete this application yourself?  Yes \_\_\_ No

If not, who did? \_\_\_\_\_

Kionas Adams

7.29.10

## Preliminary Questions

1. We do a background check-Do you have any reservations to this? *No*

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2. ~~What kind of work experience do you have?~~  
*Hotel, fast food, Dept store*
3. Have you ever worked in a warehouse before?  
*No*
4. Are you qualified to work in the United States?  
*Yes*
- 4a. Can you provide legal documents to work in the United States? *Yes*
5. Can you work with Pork?  
*No*
6. Are you allergic to Peanuts?  
*No*
7. Are you able to work in a wet/cold environment?  
*Yes*
8. How did you hear about Reichel Foods?  
*Friends*