



**FAXED**

U.S. DEPARTMENT OF HOMELAND SECURITY, U. S. Citizenship and Immigration Services

**EMPLOYMENT AUTHORIZATION CARD**

The person identified is authorized to work in the U.S. for the validity of this card.

**NAME LARA CRUZ, LAURA P**

*LAURA PATRICIA CRUZ*

A# 087-446-979  
 CARD # EAC0906550515

Birthdate	Category	Sex
09/06/1980	A-10	F
Country of Birth		
Mexico		
Terms and Conditions		
None		




**NOT VALID FOR REENTRY TO U.S.**

CARD VALID FROM 07/31/09 EXPIRES 07/30/13

AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

**SOCIAL SECURITY**

**VALID FOR WORK ONLY**

**WITH DHS AUTHORIZATION**

**868-55-6642**

THIS NUMBER HAS BEEN ESTABLISHED FOR

**LAURA P**  
**LARA CRUZ**

*Laura P. Cruz*

SIGNATURE

**USA 10/22/2009**



**FAXED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 10/25/2010  
Page: 1 of 1

Case Verification Number: 2010298151640UR

**Initial Verification:**

Last Name:	Lara Cruz	First Name:	Laura
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 6642	Date of Birth:	09/06/1994
Hire Date:	10/23/2010	Citizenship Status:	An alien authorized to work
Alien Number:	087446979	I-94 Number:	
Card Number:	EAC0906550515		
Document Type:	Employment Authorization Document (Form I-766)	Doc. Expiration Date:	07/30/2013
Submitted By:	ESAG6409	Submitted On:	10/25/2010

**Initial Verification Results:**

Last Name:	LARA CRUZ	First Name:	LAURA
		Expire Date:	07/30/2013
Initial Eligibility:	Employment Authorized		

**SSA Referral:**

Referral By:	Referral Date:
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**Verification Response:**

Eligibility:	Response Date:
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**SSA Resubmittal:**

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Submitted By:	Submitted On:

**Resubmittal Verification Results:**

Eligibility:
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**Additional Verification:**

Comments:	Submitted On:
Submitted By:	

**Verification Response:**

Eligibility:	Response Date:
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**DHS Referral:**

Referral By:	Referral Date:
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**DHS Referral Results:**

Eligibility:	Response Date:
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**Photo Matching Results:**

Determination:
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**Additional DHS Referral:**

Referral By:	Referral Date:
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**Additional DHS Referral Results:**

Eligibility:	Response Date:
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**Case Resolution:**

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	10/25/2010

SENSITIVE BUT UNCLASSIFIED



October 29, 2010

COUNTY OF  
*Olmsted*

*File*

COMMUNITY SERVICES  
2117 CAMPUS DR SE, STE 200  
ROCHESTER, MN 55904

To Michael Reichel

Attention: Margo Sage

**Laura Lara Cruz**

I have known Laura since 2005 as a student of Juntos Club, a successful Math tutoring and English for adults program providing services to empower, participate and integrate children and youth to our Rochester community. We recognize the importance of educating young people on becoming active participants in their communities. I have also worked with Laura in another intervention with the Adolescent and Behavioral Health Unit since June 2010.

I can confirm that she is a student who has made progress at John Marshall, is applying herself to better herself and looking to gain new skills and responsibilities through work.

Furthermore, I believe it is a weighty protective factor her willingness to work with other professionals and skilled workers who in return have been able to guide her.

For your information, I am Miriam L. D. Goodson, working with the Truancy Early Intervention Program that we do in cooperation with Olmsted County and the schools. Early Intervention is a diversion program to improve school attendance. Laura has been able to improve her school attendance goal and it is my desire to recommend her for a part time position and wish her well in order to gain a positive job insight perspective.

Sincerely,

Miriam Lopez Daumas Goodson

*Miriam L D Goodson 328-6224*

Hispanic Truancy Case Manager  
Olmsted County Community Services

RECEIVED  
NOV 01 2010  
BY: *MS*



left message  
10-18-10



10-22-10 2:30p



**ENTERED**

**FORMULARIO DE SOLICITUD DE EMPLEO**

SOLICITANTES TENDRÁN QUE HACERSE UNA PRUEBA DEL USO DE DROGAS ILEGALES

**FAVOR DE COMPLETAR PÁGINAS 1-5** Fecha 10/11/10

Nombre LARA CRUZ LAURA PATRICIA  
Apellido Primer nombre, 2ndo Nombre y nombre de soltera

Su Domicilio 2315 PARKLANESE #17 ROCHESTER MN 55904  
Numero y Calle Ciudad Estado Código postal

Cuánto tiempo Temporada No. de seguro social \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

No. de teléfono (501) 269-3089.0  
(501) 529-4012

Su edad si es menor de 18 años 16 Recomendado/a por Patricia Cruz Santos

Puesto que solicita (1) Produccion Dias/horas que puede trabajar  
Ninguna preferencia. \_\_\_\_\_ juev. \_\_\_\_\_  
lunes \_\_\_\_\_ viern. \_\_\_\_\_  
Sueldo que espera (2) 7.50 martes \_\_\_\_\_ sáb. 4:30 a.m to 12 noon  
(Sea especifico/a) sat/Sun miérc. \_\_\_\_\_ domingo 4:30 a.m to 12 noon

¿Cuántas horas puede trabajar por semana? 15 ¿Puede trabajar de noche? No

Trabajo que espera \_\_\_ HORARIO REGULAR \_\_\_ HORARIO PARCIAL \_\_\_ HORARIO REGULAR O PARCIAL

¿Cuándo puede empezar? esta semana

¿Tiene responsabilidades u obligaciones que no lo/la permitirían cumplir con los horarios específicos?  
\_\_\_ No  Sí Explique por favor estudiante

¿Preve usted cualquiera ausencia del trabajo de vez en cuando o regularmente?  
\_\_\_ No \_\_\_ Sí Explique por favor de vez en cuando

TIPO DE ESCUELA	NOMBRE DE ESCUELA	UBICACIÓN (dirección completa)	NÚMERO DE AÑOS TERMINADOS	ESPECIALIDAD O TÍTULO
Colegio secundario	<u>John Marshall High School</u>	<u>NW</u>	<u>estoy en el 11 grado</u>	
Universidad				
Escuela empresarial				
Escuela de Especialidad				

¿Ha sido usted alguna vez declarado culpable por un delito?  No \_\_\_ Sí

Si marcó sí, explique cuántas condenas, que clase de delito(s) que lo/la lluevó a ser condenada, cuánto tiempo hace que lo cometió, la sentencia que se le aplicó y si tuvo que asistir a un programa de rehabilitación:

Rec'd 10/13/10 1  
(Patricia Cruz Santos)