



FAXED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 10/28/2010  
Page: 1 of 1

Case Verification Number: 2010301154313HZ

Initial Verification:

Last Name:	Arredondo	First Name:	Lisa
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 9201	Date of Birth:	09/11/1982
Hire Date:	10/26/2010	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:	10/28/2010

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:	10/28/2010

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



LISA ANGELICA ARREDONDO  
1618 MARION RD SE APT 9  
ROCHESTER, MN 55904

Date of Birth	09-11-1982	
Sex	Eyes	Class
F	BRN	ID
Height	Weight	
5-6	136	

ISSUED 02-2010 EXPIRES 09-11-2014

P096142363915 *Lisa A Arredondo*

**SOCIAL SECURITY**



~~515-04-9201~~  
THIS NUMBER HAS BEEN ESTABLISHED FOR  
**LISA ANGELICA ARREDONDO**  
*Lisa Angelica Arredondo*  
SIGNATURE

631-1 OCT 11 1982

(Do Not Write in This Box)

349 LOCAL FILE NUMBER

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

115-82-0285 BIRTH NUMBER

TYPE PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

CHILD

01

800

RTIFIED

A

37

101 HE

02

ATHER

1. CHILD—NAME FIRST: Lisa MIDDLE: Angelica LAST: Arradondo		SEX: 2 Fe	DATE OF BIRTH (Mo., Day, Yr.): 3a 9-11-82
4a. HOSPITAL—NAME (If not in hospital, give street and number) Southwest Medical Center		4b. CITY, TOWN OR LOCATION OF BIRTH Liberal	
4c. COUNTY OF BIRTH Seward		5a. I certify that the stated information concerning this birth is true to the best of my knowledge and belief.	
5b. (Signature) <i>[Signature]</i>		5c. DATE SIGNED (Mo., Day, Yr.) 9/15/82	
6a. CERTIFIER—NAME AND TITLE (Type or print) E.D. Rathbun, M.D.		6b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 610 W. 11th, Liberal, Kansas	
7a. REGISTRAR 7b. (Signature) <i>Craig R. Simons</i>		DATE RECEIVED BY REGISTRAR (Month, Day, Year) October 7, 1982	
8a. MOTHER—MAIDEN NAME FIRST: Bonnie MIDDLE: Jeanette LAST: Bedford		9a. AGE (At time of the birth) 7b. 21	9c. STATE OF BIRTH (If not in U.S.A.) Oklahoma
10a. RESIDENCE—STATE KS	10b. COUNTY Seward	10c. CITY, TOWN OR LOCATION Liberal	10d. STREET AND NUMBER OF RESIDENCE 306 W. 2nd
11. MOTHER'S MAILING ADDRESS—If same as above, enter Zip Code Only 67901			
12a. FATHER—NAME FIRST: _____ MIDDLE: _____ LAST: _____		12b. AGE (At time of the birth)	12c. STATE OF BIRTH (If not in U.S.A.)
13. PARENT'S VERIFICATION. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) <i>Bonnie B. Bedford</i>			14. DATE SIGNED 9-18

10.27.10 lypm



# ENTERED APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10-25-10

Name Arredondo Lisa Angelica  
Lat First Middle Maiden

Present address 1618 marion Rd #38 Rochester Mn 55904  
Number Street City State Zip

How long Four years Social Security No. 513 - 84 - 9201

Telephone 507 261 4083

If under 18, please list age \_\_\_\_\_ Referred by Juan Rocha Lorena Cabrera

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

Available in 2 wks. 11/10/10  
Either 4-2 or 8-2nd  
 How many hours can you work weekly? \_\_\_\_\_ Can you work nights? Yes

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

When available for work? in two weeks

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>Mexico</u>	<u>9 Years</u>	<u>Gr</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>Ivan Carbonell</u>	
Position _____	Employment dates	Pay or salary
Company <u>Temco Service Industries</u>	From <u>6-06-06</u>	Start <u>\$7.50</u>
Address _____	To _____	Final <u>\$8.20</u>
Telephone <u>(507) 208 1349</u>	Your last job title <u>Cleaning</u>	

Reason for leaving (be specific) I need more hours

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

Name _____	Supervisor name _____	
Position <u>Packing</u>	Employment dates	Pay or salary
Company <u>Pilgrim's Pride Corp</u>	From <u>9-05-03</u>	Start _____
Address <u>2653 State Route 1241</u>	To <u>9-2005</u>	Final _____
<u>Hickory KY 42051</u>	Your last job title _____	
Telephone <u>(270) 251 7700</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.