



SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2016162141131XX**

Report Prepared: 06/27/2016

**Company Information**

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Company ID: 47429

Company Name: Employer Solutions Staffing Group

**Employee Information**

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Last Name: Vasquez Garcia

First Name: Lourdes

Date of Birth: 05/27/1969

Social Security Number: \*\*\* \*\* 2451

Hire Date: 06/08/2016

Citizenship Status: A lawful permanent resident

**Document Information**

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List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Alien Number: 093284454

Card Number: SRC0630312457

Document Expiration Date:

**TNC Information**

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**SSA TNC**

Referred On: 06/16/2016

Referred By: AFIN3846

**Case Status Information**

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Final Case Result: Employee Referred to SSA

Employer Case ID:

Case Submitted On: 06/10/2016

Case Submitted By: AFIN3846

Closed On: 06/27/2016

Closed By: AFIN3846

Closure Statement: The employee voluntarily quit working for the employer.

SENSITIVE BUT UNCLASSIFIED



## Further Action Notice

### Social Security Administration Tentative Nonconfirmation (SSA TNC)

For SSA Field Office Staff: use EV-STAR and see POMS RM 10245.005ff	
Vasquez Garcia	Lourdes
<b>Employee's Last Name</b>	<b>Employee's First Name</b>
460-37-2451	05/1969
<b>Employee's Social Security Number</b>	<b>Employee's Month/Year of Birth</b>
06/10/2016	2016162141131XX
<b>Date of SSA Tentative Nonconfirmation</b>	<b>Case Verification Number</b>
<b>Reason for this Notice:</b>	SSN did not match: The name and/or date of birth entered for this employee did not match Social Security Administration records

#### EMPLOYER INSTRUCTIONS:

1. Review this Further Action Notice in private with the employee as soon as possible.  
**IMPORTANT:** If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
2. Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
3. Ask the employee to indicate whether he or she will contest the SSA Tentative Nonconfirmation (SSA TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
4. Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
5. Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to SSA if the employee contests the TNC, or close the case if the employee does not contest the SSA TNC. If the employee chooses not to contest the SSA TNC, you may terminate his or her employment and close the case in E-Verify.  
**IMPORTANT:** If the employee contests the SSA TNC, refer the case to SSA, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to visit SSA within 8 Federal Government working days as specified in the Referral Date Confirmation.

#### Employer Signature and Date

I have notified this employee of the SSA Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.	
Employer Solutions Staffing Group	Andrea Findley
<b>Employer's Name</b>	<b>Employer Representative's Name</b>
6/16/16	
<b>Date</b>	<b>Employer Representative's Signature</b>

## EMPLOYEE INSTRUCTIONS:

### Why you received this Further Action Notice

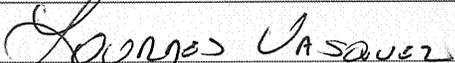
Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of SSA Tentative Nonconfirmation (SSA TNC). An SSA TNC means that the information entered into E-Verify by your employer does not match SSA records. An SSA TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the [For Employees](#) pages at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify) to learn the reasons you may have received an SSA TNC.

### What you should do:

1. Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide the correct information to your employer. Your employer should close this E-Verify case and use the corrected information to create a new case.
2. Decide if you will contest (take action to resolve) the SSA TNC and inform your employer of your decision.  
**IMPORTANT:** If you decide not to contest the SSA TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
3. Select your decision to contest or not contest and sign and date this Further Action Notice below. If you decide to take action to contest the SSA TNC, to begin to resolve the SSA TNC, you must visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case in E-Verify.  
**IMPORTANT:** Review Page 3 of this notice for important information about employer responsibilities and your rights.

### Select box, sign and date below:

I choose to: (check one)			
<input checked="" type="checkbox"/>	CONTEST (take action to resolve the SSA TNC)		
<input type="checkbox"/>	NOT CONTEST (not take action to resolve the SSA TNC)		
Employee's Signature		Date	6/27/16

### What you must do to take action to resolve the SSA TNC:

1. Visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case to SSA to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must visit SSA.  
To locate an SSA field office, visit [www.socialsecurity.gov/locator](http://www.socialsecurity.gov/locator) or call SSA at 800-772-1213 (TTY: 800-325-0778). If you live in an area where there is a Social Security Card Center, you are required to visit the Card Center.
2. Bring this Further Action Notice when you visit the SSA field office. Tell SSA that you are there because of an E-Verify issue.
3. Bring the following original documents to the SSA field office, if you have them. SSA may require:
  - Proof of your age; for example, a birth certificate or passport
  - Proof of your identity; for example, a driver's license or passport
  - Proof of a legal name change; for example, a marriage certificate, if your current name is not displayed on your current Social Security number card.
  - Proof of U.S. citizenship or your work-authorized status:
    - If you are a U.S. citizen, for example, a Naturalization Certificate, U.S. public birth certificate, or U.S. passport, or

- If you are not a U.S. citizen, for example, a Permanent Resident Card (Form I-551 or "green card"), Employment Authorization Document (Form I-766), or Arrival-Departure Record (Form I-94) showing work-authorized status.

To check the status of your case visit myE-Verify at <https://selfcheck.uscis.gov/SelfCheckUI/CaseTracker>.

## KNOW YOUR RIGHTS

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**This page provides important information about employer responsibilities and your rights.**

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

### For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov). If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).

To contact SSA, call 800-772-1213 (TTY: 800-325-0778) or visit SSA's website at [www.socialsecurity.gov/](http://www.socialsecurity.gov/).

### Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-6028) or email [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov).

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY: 800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

### Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit [ftc.gov/idtheft](http://ftc.gov/idtheft).





## Referral Date Confirmation

### Social Security Administration Tentative Nonconfirmation (SSA TNC)

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**E-Verify Case Verification Number:** 2016162141131XX

**Employee Name:** Vasquez Garcia, Lourdes

Your employer referred your E-Verify case to SSA after you decided to contest (take action to resolve) an SSA Tentative Nonconfirmation (SSA TNC). This document confirms that your case was referred to SSA.

#### What you should do

Visit an SSA field office **within 8 Federal Government working days**, by 06/28/2016 (MM/DD/YYYY), to begin to resolve the SSA TNC. If you have not received the SSA TNC Further Action Notice from your employer, contact your employer immediately to obtain this notice.

The SSA TNC Further Action Notice includes information about your E-Verify case and which documents you need when you visit SSA. You must have the SSA TNC Further Action Notice when you visit SSA.

If you do not take action **within 8 Federal Government working days**, by 06/28/2016 (MM/DD/YYYY), a Final Nonconfirmation will be issued and your employer may terminate your employment. Employers must allow you to contest an SSA TNC and may not take adverse action against you because of the SSA TNC while you are contesting the SSA TNC and your E-Verify case is pending.

#### For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov). If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).





# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) <u>Uazquez</u>		First Name (Given Name) <u>Lourdes</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>2360 W. 73th Ave</u>			Apt. Number	City or Town <u>Denver</u>	State <u>CO</u>	Zip Code <u>80221</u>
Date of Birth (mm/dd/yyyy) <u>5-27-69</u>	U.S. Social Security Number <u>460-37-2451</u>	E-mail Address <u>Lourdes-Uazquez2@yahoo</u>			Telephone Number <u>720-227-8618</u>	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

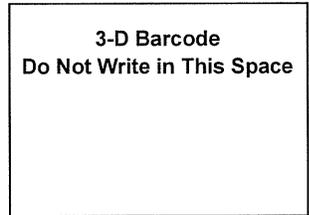
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 460-37-2451
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code	



**Employer Completes Next Page**



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**



### 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: Vasquez - Garcia, Lourdes

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>US Permanent Resident</u>		Document Title:		Document Title:
Issuing Authority: <u>USCIS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>093-284-454</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>06/16/2025</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): 06/08/2016 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Andrea Findley</u>		Date (mm/dd/yyyy) <u>06/10/2016</u>	Title of Employer or Authorized Representative <u>Admin. Assistant</u>	
Last Name (Family Name) <u>Findley</u>		First Name (Given Name) <u>Andrea</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:



UNITED STATES OF AMERICA PERMANENT RESIDENT

VASQUEZ GARCIA LOURDES 27 MAY 1969

**Surname**  
VASQUEZ GARCIA

**Given Name**  
LOURDES

**USCIS#**  
093-284-454

**Category**  
SA1

**Country Of Birth**  
MEXICO

**Date Of Birth**  
27 MAY 1969

**Sex**  
F

**Card Expires:** 06/16/25

**Resident Since:** 06/16/15

LOURDES VASQUEZ GARCIA



**SOCIAL SECURITY**

460-37-2451

THIS NUMBER HAS BEEN ESTABLISHED FOR

**LOURDES VASQUEZ GARCIA**

SIGNATURE

