

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 11/24/2010
Page: 1 of 1

Case Verification Number: 2010328153941AR

Initial Verification:

Last Name:	Fenske	First Name:	Max
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 7470	Date of Birth:	01/02/1992
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:	RTAL3930	Submitted On:	11/24/2010

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:

MINNESOTA

UNDER 21

DRIVER'S LICENSE



MAX RANDALL FENSKE
1245 3RD AVE SW APT 3
ROCHESTER, MN 55902

Date of Birth 01-02-1992 AGE 18 01-02-2010

Sex Eyes Class

M BLU D

Height Weight

6-2 190 DONOR

ISSUED 01-2010 EXPIRES 01-02-2013

Max Fenske

Q677165144820

SOCIAL SECURITY



469-25-7470

THIS NUMBER HAS BEEN ESTABLISHED FOR

MAX RANDALL FENSKE

Max Fenske

SIGNATURE



INVITED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE 11/4/10

Name Fenske Max Randall
Last First Middle Maiden

Present address 1245 3rd Ave SW Apt. 3 Rochester MN 55902
Number Street City State Zip

How long lyf. Social Security No. 469 - 25 - 7470

Telephone (507) 951-3681

If under 18, please list age 18 Referred by -

Position applied for (1) Any / assembly / production line Days/hours available to work
and salary desired (2) \$8.00 No Pref Thur 10pm-7am
(Be specific) Mon 10pm-7am Fri 10pm-7am
Tue 10pm-7am Sat _____
Wed 10pm-7am 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? 2 weeks prior to notice

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>Mayo Highschool</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. _____

