

**FAXED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 04/29/2010

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Case Verification Number: 2010119111302YR

Initial Verification:

Last Name:	Lee	First Name:	Mee
Middle Initial:		Maiden Name:	
Social Security Number:	475-17-1702	Date of Birth:	06/14/1989
Hire Date:	04/27/2010	Citizenship Status:	Citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	04/29/2010

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:	
Initiated By:		Initiated On:	

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	ESAG6409	Resolved On:	04/29/2010

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MINNESOTA
INSTRUCTION PERMIT

UNDER 21



MEE LEE
10103 COUNTY RD 9
EYOTA, MN 55934

Date of Birth 06-14-1989
Sex F Eyes BRN Class IP
Height 5-2 Weight 150

ISSUED 03-2010
EXPIRES 03-08-2012

R158168719514

Mee Lee



MINNESOTA DEPARTMENT OF HEALTH
SECTION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER **01193**

STATE FILE NUMBER

1. CHILD'S NAME (First, Middle, Last) Mee Lee		2. DATE OF BIRTH (Month, Day, Year) June 14, 1989		3. TIME OF BIRTH 1:22 P.M.	
4. SEX Female	5. PLURALITY—Single, Twin, Triplet, etc. (Specify) Single	6. IF NOT SINGLE BIRTH—Born First, Second, Third, etc. (Specify)		7. CITY OR TOWNSHIP OF BIRTH Rochester	
8. COUNTY OF BIRTH Olmsted		9. PLACE OF BIRTH <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Freestanding Birthing Center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street & number) Rochester Methodist Hospital		12. DATE SIGNED (Month, Day, Year) 6-14-89			
11. I certify that I attended the birth of this child who was born alive at the place and time and on the date stated. Signature Susan J. Wickes MD		12. DATE SIGNED (Month, Day, Year)			
13. ATTENDANT'S NAME AND TITLE (Type or Print) Name Susan L. Wickes MD <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Other (Specify)		14. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City, State, Zip Code) Mayo Clinic Rochester, MN. 55905			
15. REGISTRAR'S SIGNATURE Debbie [Signature] Deputy		16. DATE FILED BY REGISTRAR (Month, Day, Year) 6/20/89			
17a. MOTHER'S PRESENT NAME (First, Middle, Last) Mai Pa Yang		17b. MAIDEN SURNAME Yang		18. DATE OF BIRTH (Month, Day, Year) 5-6-68	
19. BIRTHPLACE (State or Foreign Country) Laos	20a. RESIDENCE OF MOTHER—STATE Minnesota	20b. COUNTY Olmsted	20c. CITY OR TOWNSHIP Rochester		
20d. STREET AND NUMBER 1127 3rd Ave. S. E. #2	20e. INSIDE CITY LIMITS (Yes or No) Yes	21. MOTHER'S MAILING ADDRESS (If same as residence, enter ZIP only) 55904			
22. FATHER'S NAME (First, Middle, Last) Neng Lee		23. DATE OF BIRTH (Month, Day, Year) 4-10-70		24. BIRTHPLACE (State or Foreign Country) Laos	
25. I certify that the personal information on this certificate is correct to the best of my knowledge and belief. Signature of Parent Neng Lee					

TYPE/PRINT IN PERMANENT BLACK INK.
FOR INSTRUCTIONS, SEE HANDBOOK.

RENDS WANT SOCIAL SECURITY
NUMBER FOR CHILD? YES NO



FAXED

STATE OF MINNESOTA
COUNTY OF OLMSTED
I certify this to be a true copy of
the original record in my custody.

Dated 8-14-89

JEANNE A. HABEN
Court Administrator

By [Signature]



Interview @ 3pm

2nd shift

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 4/16/10

Name LEE MEE
Last First Middle Maiden

Present address 10103 County Rd 9 Eyota MN 55934
Number Street City State Zip

How long 3 yrs Social Security No. _____ - _____ - _____

Telephone (507) 288-1708

If under 18, please list age _____ Referred by friend

Position applied for (1) production Days/hours available to work
 and salary desired (2) \$7.00
(Be specific) No Pref Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 30-40 Can you work nights? no

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

When available for work? ASAP

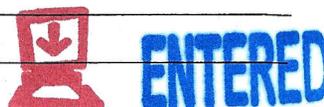
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No ___ Yes If so, please explain _____

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	John Marshall	1510 14 th St NW	4 yrs	GED
College	RCTC		1 yr	
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 <u>John Marshall Mee Lee</u> Position <u>Teachers Assistance</u> Company <u>John Marshall</u> Address <u>1510 14th St NW</u> <u>ROCHESTER, MN 55901</u> Telephone <u>(507) 328-5332</u>	Supervisor name <u>Mrs. Hockert</u>	
	Employment dates	Pay or salary <u>Credit</u>
	From <u>January 08</u>	Start
	To <u>June 08</u>	Final
Your last job title _____		

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.

correcting papers, folding towels, & put food away

Name <u>Mee Lee</u> Position <u>Babysitter</u> Company <u>Emmanuel Baptists Church</u> Address <u>2911 18th Ave NW Rochester,</u> <u>MN 55901</u> Telephone <u>(507) 281-3059</u>	Supervisor name <u>Dia Chang</u>	
	Employment dates	Pay or salary
	From <u>June 95</u>	Start
	To <u>still employed</u>	Final
Your last job title _____		

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.

Care for 2 to 5 children newborn to byes