

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/03/2012
Page: 1 of 1

Case Verification Number: 2012277130947QG

Case Information:**Employee Information:**

Last Name:	Moeun	First Name:	Monyka
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3801	Date of Birth:	05/19/1992
Citizenship Status:	A citizen of the United States		

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	ID card	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	This document has no expiration date
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	10/03/2012	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACOR9642	Submitted On:	10/03/2012

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

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

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

ACOR9642

Closed On:

10/03/2012

SENSITIVE BUT UNCLASSIFIED

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>MORIN</u>	First <u>Mongka</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>5601 highway 63 N Tr 121</u>		Apt. #	Date of Birth (month/day/year) <u>May 19, 1992</u>
City <u>Rochester</u>	State <u>MN</u>	Zip Code <u>55906</u>	Social Security # <u>018-56-3801</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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature Mongka Morin Date (month/day/year) Sep 11, 2012

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	Instructional Permit State of Minnesota N184102-173113 no exp given	Document title: _____		Document title: _____
Issuing authority: _____		Issuing authority: _____		Issuing authority: _____
Document #: _____		Document #: _____		Document #: _____
Expiration Date (if any): _____		Expiration Date (if any): _____		Expiration Date (if any): _____
Document #: _____		Document #: _____		Document #: _____
Expiration Date (if any): _____				Expiration Date (if any): _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9.11.12 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Kelsey Adickel</u>	Print Name <u>Kelsey A. Sikkink</u>	Title <u>Office Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>EMPLOYER SOLUTIONS STAFFING GROUP</u>		Date (month/day/year) <u>9.12.12</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year)
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MINNESOTA DRIVER'S LICENSE/IDENTIFICATION CARD/INSTRUCTION PERMIT
APPLICATION RECEIPT

2012771272076

TC

Online Offline
RX #

PREV BATCH # CA

MN CARD NUMBER: N184102773113
BIRTH DATE: 05191992

LEGAL NAME: Monyka
PREVIOUS NAME: Macoun

RESIDENCE ADDRESS: 5601 highway 63 N Trlr 121
CITY: Rochester
STATE: MN ZIP CODE: 55910 MN COUNTY: Olmsted

OPTIONAL MAILING ADDRESS: [Redacted]

PHYSICAL DESCRIPTION: EYE COLOR: BRN, HEIGHT: 5 FT 3 IN, WEIGHT IN POUNDS: 150, GENDER: FEMALE

- TYPE**
- A DUP
 - B DUP
 - C DUP
 - D DUP
 - PROV DUP
 - ID DUP
 - MBOP DUP
 - CDL IP
 - IP
- INDICATORS**
- SENIOR
 - LTD MOBILITY
 - SNOWMOBILE
 - FIREARM
 - S Or TC
 - VETERAN (optional)

- PASSED TESTS (STATE USE ONLY)**
- D
 - MC
 - MBOP
 - GK
 - AIR
 - COMB
 - DBL/TRIPLE
 - PASSENGER
 - SCHOOL BUS
 - TANKER
 - HAZMAT
 - DWI
 - INSURANCE
 - RT PSD/WVD

RESTRICT/ENDORSE

- MC ORIGINAL
- MC RENEWAL
- ADD/REMOVE

FEE PAID APPLICATION

APPLICATION: \$ 119.00
OTHER FEES: \$
MC: \$ SB PHYS: \$
REIN FEE: \$ OTHER: \$

VISION

- PASS, NR
- PASS, CL
- INCOMPLETE
- ATTACHED

PROPER ID

YES NO
DOC(S) VIEWED: IRW

INVALIDATED DL / ID / IP

STATE: [Redacted]
EXP: 10/5/12
Processed by: [Redacted]

Note:

I was provided all privacy warnings as required by state and federal law. Submission of this application constitutes consent to registration with the selective service system, if required by federal law. I certify that the information on this application is correct. If I am applying for driving privileges, I am aware of the duties, responsibilities, and penalties outlined in M.S. § 169.444 regarding the safety of children around school buses.

SIGNATURE: [Signature] APPLICATION DATE: 09/28/12

Visit www.dps.mn.gov to:

- Check the status of your application
- Check the status of your driving privileges
- Schedule a road test
- And more....

Driver's License Questions: 651.297.3298
License Status, available 24/7: 651.284.2000

General Information: 651.296.6911
TDD/TTY: 651.282.6555



DVS
Driver & Vehicle Services

(DVS USE ONLY)

DEPARTMENT OF PUBLIC SAFETY DRIVER LICENSE

THANK YOU!
TIME 14:44 NO: 402614 #01 \$0.75

INSTR PERMIT \$11.25
DUP \$20.00
101% \$51.25
DASH \$32.00

THIS DOCUMENT IS A RECEIPT FOR THE TYPE OF CARD INDICATED, AND IS NOT A STANDALONE IDENTIFICATION DOCUMENT.

- This receipt, in conjunction with an invalidated previous license, instruction permit or ID card, may be used as identification
- This receipt is valid for the type of card indicated, when stamped with the proper validation stamp, for a maximum of 60 days from the application date shown above
- This receipt is void if the applicant is not in compliance with all restrictions indicated on the driving record