

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/21/2010
Page: 1 of 1

Case Verification Number: 2010294151010LU

Initial Verification:

Last Name:	Afram	First Name:	Mudhafar
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 2947	Date of Birth:	06/13/1973
Hire Date:	10/21/2010	Citizenship Status:	A lawful permanent resident
Alien Number:	212195342	I-94 Number:	
Document Type:	Arrival/Departure Record (Form I-94)	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	10/21/2010

Initial Verification Results:

Last Name:	AFRAM	First Name:	MUDHAFAR
Initial Eligibility:	Employment Authorized		

SSA Referral:

Referral By:		Referral Date:	
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Verification Response:

Eligibility:		Response Date:	
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SSA Resubmittal:

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

Resubmittal Verification Results:

Eligibility:		Response Date:	
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Additional Verification:

Comments:		Submitted On:	
Submitted By:			

Verification Response:

Eligibility:		Response Date:	
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DHS Referral:

Referral By:		Referral Date:	
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DHS Referral Results:

Eligibility:		Response Date:	
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Photo Matching Results:

Determination:	
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Additional DHS Referral:

Referral By:		Referral Date:	
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Additional DHS Referral Results:

Eligibility:		Response Date:	
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Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.	Resolved On:	10/21/2010
Resolved By:	ESAG6409		

SENSITIVE BUT UNCLASSIFIED



Warning A nonimmigrant who accepts unauthorized employment is subject to deportation.
Important Retain this permit in your possession; *you must surrender it when you leave the U.S.*
Failure to do so may delay your entry into the U.S. in the future.
You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law.
Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A - 2 1 2 1 9 5 3 4 2

DE

Departure Record

Port:

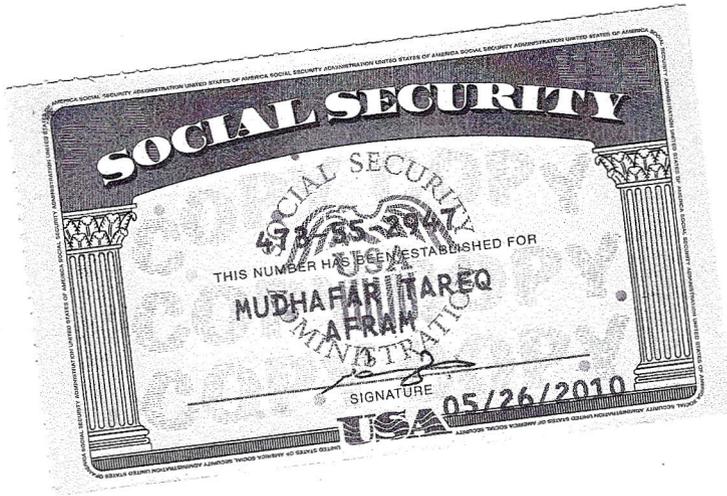
Date:

STAPLE HERE

See Other Side



FAXED





10-21-10 11A

left message
10/18/10

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 ^{"Aftram"} DATE 10/13/2010

Name Mudhafar aftram Tava
Last First Middle Maiden

Present address 376 N Rochester MN 55901
Number Street City State Zip

How long _____ Social Security No. XXX - XX - 2947

Telephone (577) 319 5050

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref Thur
 Mon Fri
 Tue Sat
 Wed 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? any time

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>Depluna</u>	<u>Baghdad</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 <u>WESCOT ORCHARD</u>		Supervisor name <u>JODINE</u>	
Position <u>Sorter</u>		Employment dates	
Company <u>WESCOT ORCHARD</u>		From <u>9/200</u>	Pay or salary
Address <u>ELGIN, MN</u>		To <u>9/200</u>	Start
Telephone <u>(507) 876 0142</u>		Final	
Your last job title _____			

Reason for leaving (be specific) NOT ENOUGH WORK (SLOW DOWN PRODUCTION)

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

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From _____	Pay or salary
Address _____		To _____	Start
Telephone (____) _____		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.