



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:

Table with columns: List A Identity and Employment Authorization, OR, List B Identity, AND, List C Employment Authorization. Includes fields for Document Title, Issuing Authority, Document Number, and Expiration Date. Handwritten entries include 'Driver's license', 'Puerto Rico', '1951379', '08/01/2015', 'Social Security Card', and 'Social Security Administration'.

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): 06/01/2015 (See instructions for exemptions.)

Signature and contact information form. Fields include Signature of Employer or Authorized Representative, Date, Title of Employer or Authorized Representative, Last Name, First Name, Employer's Business or Organization Name, Employer's Business or Organization Address, City or Town, State, and Zip Code.

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:

Estado Libre Asociado de Puerto Rico
 Licencia de Conducir
 Expiración: 13 JUN 2012

Puerto Rico

Operator / Conductor

1951379

MYRNA FLORES VALENTIN
 RPTO GUAYANEY
 MANANTLER 00674

Sex: F Race: BRD
 Height: 5'07" Weight: 115 lbs
 Eyes: Brown Hair: Black

13 JUN 2012

Rose A. Simoes Espinoza

COMISION ESTATAL DE ELECCIONES
 ESTADO LIBRE ASOCIADO DE PUERTO RICO
 LISTA DE IDENTIFICACION ELECTORAL

1760925

FLORES VALENTIN
 MYRNA

Sex: F Edad: 61
 Lugar de Nac: MARRON
 Fecha de Emision: 13 JUN 2012

1760925

SOCIAL SECURITY

5A3-61-8294

MYRNA FLORES VALENTIN

13 JUN 2012

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/02/2015
Page: 1 of 1

Case Verification Number: 2015153150606LM

Case Information:**Employee Information:**

| | | | |
|-------------------------|--------------------------------|-------------------|------------|
| Last Name: | Flores Valentin | First Name: | Myrna |
| Middle Initial: | | Other Names Used: | |
| Social Security Number: | *** ** 8294 | Date of Birth: | 08/01/1965 |
| Citizenship Status: | A citizen of the United States | Email Address: | |

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: | Driver's license | Document State: | Puerto Rico |
| Driver's License or ID Card Number: | | Document Expiration Date: | 08/01/2015 |
| Alien Number: | | I-94 Number: | |

Additional Information:

| | | | |
|------------------------|------------|-------------------------|------------|
| Hire Date: | 06/01/2015 | Employer Case ID: | |
| Three-Day Rule Reason: | | Three-Day Rule - Other: | |
| Submitted By: | CSCH4411 | Submitted On: | 06/02/2015 |

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: | | Other Names Used: | |
| 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:

Closed By:

Closed On:

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