

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

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

Case Verification Number: 2010294143610SA

Initial Verification:

Last Name:	Ortiz	First Name:	Nicole
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 2503	Date of Birth:	05/12/1990
Hire Date:	10/19/2010	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:	ESAG6409	Submitted On:	10/21/2010

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:

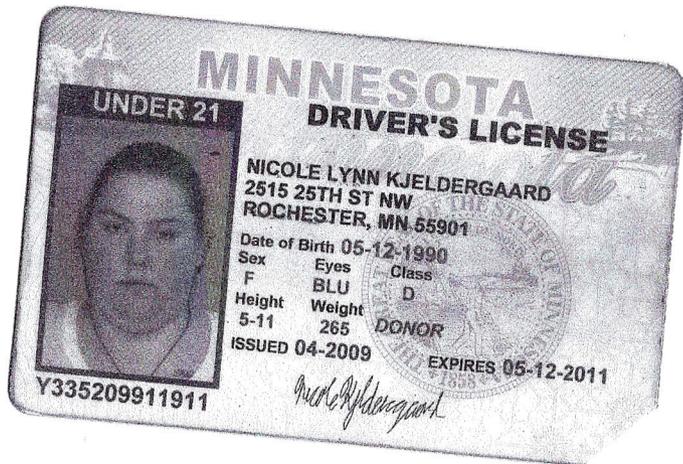
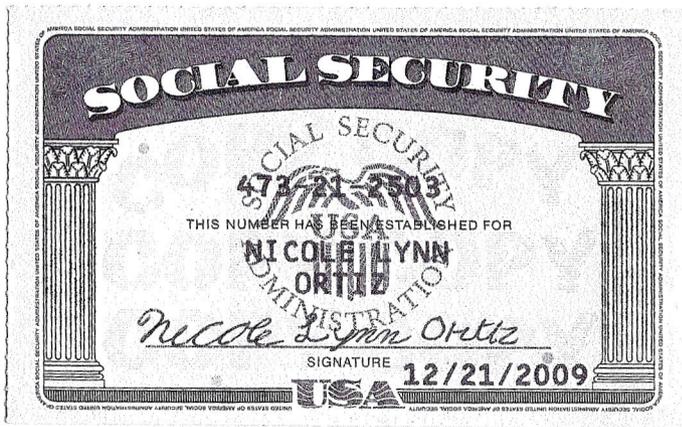
Additional DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

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

SENSITIVE BUT UNCLASSIFIED



**FAKED**

**MINNESOTA DRIVER'S LICENSE/IDENTIFICATION CARD APPLICATION RECEIPT**

Y  3  3  5  2  0  9  9  1  1  9  1  1 BIRTH DATE  0  5  1  2  1  9  9  0 MONTH DAY YEAR

LEGAL NAME  Nicole  Lynn  Ortiz

PREVIOUS NAME (Only if changed since last application)  Nicole  Lynn  Kjeldergaard



RESIDENCE ADDRESS  2515  25th  St  NW APT #

NOTE: The Post Office will NOT forward your card

CITY  Rochester STATE  MN ZIP CODE  55901 MN COUNTY  Olmsted

I affirm that the U.S. Postal Service will not deliver mail to the Residence Address listed above. All applicants must initial here to have their driver's license or identification card mailed to the mailing address listed below.

OPTIONAL MAILING ADDRESS  NUMBER, STREET APT #

NOTE: The Post Office will NOT forward your card

CITY STATE ZIP CODE MN COUNTY

PHYSICAL DESCRIPTION  B  U EYE COLOR  5 FT.  11 IN. HEIGHT  265 WEIGHT IN POUNDS  MALE  FEMALE

PREV BATCH #

TYPE	PASSED TESTS	RI
<input type="checkbox"/> A	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> B	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> C	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> D	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> PROV	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> ID	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> MBOP	<input type="checkbox"/> DUP	<input type="checkbox"/>
<input type="checkbox"/> IP		<input type="checkbox"/>
PASSED TESTS (State Use Only)		
<input type="checkbox"/> D	<input type="checkbox"/> MC	<input type="checkbox"/>
<input type="checkbox"/> MBOP	<input type="checkbox"/> CDL PRETRIP	<input type="checkbox"/>
<input type="checkbox"/> GK	<input type="checkbox"/> AIR	<input checked="" type="checkbox"/>
<input type="checkbox"/> COMB	<input type="checkbox"/> DBL/TRIPLE	<input type="checkbox"/>
<input type="checkbox"/> PASSENGER	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/>
<input type="checkbox"/> TANKER	<input type="checkbox"/> HAZMAT	<input type="checkbox"/>
<input type="checkbox"/> DWI	<input type="checkbox"/> INSURANCE	<input type="checkbox"/>
<input type="checkbox"/> S Or TC	<input type="checkbox"/> RT PSD/WVD	<input type="checkbox"/>
<input type="checkbox"/> VETERAN		<input type="checkbox"/>

**INDICATORS**

SENIOR  
 LTD MOBILITY  
 SNOW/MOBILE  
 FIREARM  
 S Or TC  
 VETERAN

Note:

**FAKED**

I was provided all privacy warnings as required by state and constitutes consent to registration with the selective service information on this application is correct. If I am applying responsibilities, and penalties outlined in M.S. § 169.444.

Visit us on the web at [www.mndriveinfo.org](http://www.mndriveinfo.org) to:

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

Driver's License Questions: 651.297.3296  
License Status, available 24/7: 651.284.2000

General Information: 651.296.6911  
TDD/TTY: 651.282.6555



**DMV Driver & Vehicle Services**

Olmsted County-Vital Records

Receipt #: 00093636  
 Act #: ORTIZ  
 Name: 55901  
 Payment Total: \$13.50  
 Transaction Total: \$13.50  
 Personal Check Tendered: \$13.50  
 A dynamic, world-class County

• This receipt is not valid with



**ENTERED**

**APPLICATION FOR EMPLOYMENT**

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

Name Ortiz Nicole Lynn Kjeldergaard  
Last First Middle Maiden

Present address 2515 25th St NW Rochester MW 55901  
Number Street City State Zip

How long 13 Years Social Security No. 473 - 21 - 2503

Telephone (507) 216-1843

If under 18, please list age \_\_\_\_\_ Referred by \_\_\_\_\_

Position applied for (1) line worker Days/hours available to work  
 and salary desired (2) 7.50  
(Be specific) No Pref \_\_\_\_\_ Thur 5am-12pm  
 Mon 5am-12pm Fri 5am-12pm  
 Tue 5am-12pm Sat 5am-12pm  
 Wed 5am-12pm Sun 5am-12pm

How many hours can you work weekly? 40+ Can you work nights? \_\_\_\_\_

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	Hawthorn	800 4th Ave SE Rochester MN 55904	11	Diploma
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>Burger King</u>	Supervisor name <u>Melina</u>	
Position <u>Cashier</u>	Employment dates	Pay or salary
Company _____	From <u>03/07</u>	Start <u>7.56</u>
Address _____	To <u>04/08</u>	Final <u>7.50</u>
Telephone (____) _____	Your last job title <u>Cashier</u>	

Reason for leaving (be specific) bst Day Care

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

Name <u>K-mart</u>	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From <u>04/07</u>	Start <u>7.80</u>
Address _____	To <u>03/08</u>	Final <u>7.85</u>
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) Not enough hours

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

## Preliminary Questions

1. We run background studies on all employees-do you have any issues with this? *no*
2. What kind of work experience do you have? *fast foods*
3. Are you legal to work in the United States? *yes*
4. Do you have documentation?
5. Are you able to work with pork? *yes*
6. Are you allergic to peanuts? *no*
7. Are you able to work in a wet and cold environment? *yes*
8. How did you hear about Reichel Foods? *Dad*
9. Worked in a warehouse before? *no*
10. Do you have reliable transportation? *yes - drive car*
11. What shift are you looking for? *1st shift*

*Left Kmart - only receiving 4 hrs of a week  
Quit Burger King due to daycare - no daycare issues  
not fired.*