

**FAXED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 07/23/2010

Page: 1 of 1

Case Verification Number: 2010204171711QD

Initial Verification:

Last Name:	Prom	First Name:	Paradise
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 1116	Date of Birth:	10/12/1991
Hire Date:	07/21/2010	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:	07/23/2010

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:

Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	07/23/2010

SENSITIVE BUT UNCLASSIFIED



FAXED

MINNESOTA
INSTRUCTION PERMIT

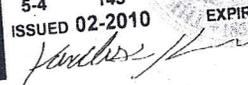
UNDER 21



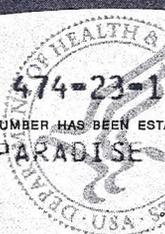
PARADISE PROM
514 4TH ST NW
ROCHESTER, MN 55901

Date of Birth 10-12-1991
Sex M Eyes BRN Class IP
Height 5-4 Weight 145
ISSUED 02-2010 EXPIRES 01-06-2012

L882112522918



SOCIAL SECURITY



474-23-1116

THIS NUMBER HAS BEEN ESTABLISHED FOR
PARADISE PROM

SIGNATURE

TEMPORARY PERMIT OR LICENSE WHEN FEE PAID

APPLICANT'S SIGNATURE X [Signature]	DOB 10/12/77	PROPER ID <input type="checkbox"/> YES <input type="checkbox"/> NO	Alley/Dock Backing/Stop Loading(S.B.)	Upgrade Downgrade RR Xing	PIR Fair Poor
DL/BATCH# 882172529918	NAME Parvinder Singh	PREV. DL INVAL. RETURNED Surr. State Class Exp. 1-12	Starting 90° Back	TL/Stop TL/Stop	PIR Fair Poor
WEIGHT 145	PHYS.COND. 145	RESTRICTIONS:	Hill Park Hill Park (CDL)	Other Signs Lane Change Lane Position Follow/Stop	PIR Fair Poor
HEIGHT 54	INSTRUCTION TEMPORARY	VISION: <input type="checkbox"/> NR <input type="checkbox"/> CL <input type="checkbox"/> INC. <input type="checkbox"/> A <input type="checkbox"/> P	Use of Controls: Steering Inter. A.T./Clutch Brake Accel. Other	R of W (Ped.) R of W (Veh.) Final Park	PIR Fair Poor
EYES <input checked="" type="checkbox"/> M <input type="checkbox"/> F	PERMIT CLASS: A B C D TYPE: PROV MC MOPED FOR: Days Months	REPAIR: _____	RIGHT TURNS PR Signal Speed Approach Enter	LEFT TURNS PR Signal Speed Approach Enter	STATION EXAMINATION DATE 1911 7/6/10
Written Tests D P F P/T P F GK P F Air P F Com P F D/T P F Pass P F SB P F TNK P F Hez P F MC P F Mpd P F DWI P F Ins P F Susp. Fee	ENDORSEMENTS: M T P S N H	CLASS: A B C D MC MBOP PASS FAIL	PR Signal Speed Approach Enter	PR Signal Speed Approach Enter	PS30394-17
RT#	EQUIP. DEMO.: P F CONT. Ins. 4-ways Seat Horn Belt Wipers Brake Def/fan. Lights Mirrors	CDL PRE-TRIP: P F CONT. A/B: Y N W/P: T/S: CAP:	PR Signal Speed Approach Enter	PR Signal Speed Approach Enter	

2010771187108

Office Use Only

Online Offline
 RX # [Handwritten]

PREV BATCH # _____

TYPE
 A DUP
 B DUP
 C DUP
 D DUP
 PROV DUP
 ID DUP
 MBOP DUP
 IP

INDICATORS
 SENIOR
 LTD MOBILITY
 SNOW MOBILE
 FIREARM
 US OTC
 VETERAN

PASSED TESTS
 State Use Only
 D MC
 MBOP
 CDL PRETRIP
 GK
 AIR
 COMB
 DBL/TRIPLE
 PASSENGER
 SCHOOL BUS
 TANKER
 HAZMAT
 DWI
 INSURANCE
 RT PSD/WVD

RESTRICT/ENDORSE
 MC ORIGINAL
 MC RENEWAL
 ADD/REMOVE

VISION
 PASS, NR
 PASS, CL
 INCOMPLETE
 ATTACHED

PROPER ID
 YES NO
 DOC(S) VIEWED

FEES PAID APPLICATION
 \$ [Handwritten]

OTHER FEES
 MC \$ SB PHYS \$
 REIN FEE \$ OTHER \$

INVALIDATED
 DL / ID / IP
 STATE: [Handwritten]
 EXP: [Handwritten]

Processed by: [Handwritten]

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: [Handwritten Signature] TODAY'S DATE: 07/06/10

THIS DOCUMENT IS A RECEIPT AND IS NOT TO BE USED AS A STAND-ALONE IDENTIFICATION DOCUMENT.

- This document, in conjunction with the invalidated previous license or ID card, may be used as identification
- This receipt is valid for the type of license indicated on this application
- This receipt is valid for 45 days from date of application or until receipt of plastic card, whichever is shorter
- This receipt is void if department records show applicant is not entitled to issuance or driving privileges are withdrawn
- This receipt is not valid without the proper stamp

Driver & Vehicle Services Division 445 Minnesota Street, St. Paul, Minnesota 55101 www.dps.state.mn.us Voice 651-297-3298 TTY only 651-282-6555

DATE 07/06/2010 TIME 11:11 AM

CLASS D REG. \$24.00



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 12-20-09

Name Rom Paradise
Last First Middle Maiden

Present address 4773 White Pine Dr. Rochester MN 55901
Number Street City State Zip

How long 18 years Social Security No. xxx-xx-1116

Telephone (507) 251-3957

If under 18, please list age _____ Referred by Monica P.

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

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

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

When available for work? a.s.a.p

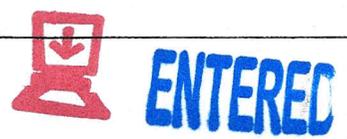
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 ___ No Yes If so, please explain night school

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>Golden Hill</u>	<u>Rochester MN</u>	<u>4</u>	<u>Highschool Diploma</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>Hunan Chinese</u>		Supervisor name <u>Lynn</u>	
Position <u>Bus boy</u>		Employment dates	Pay or salary
Company <u>Restaurant</u>			
Address <u>SE Broadway</u>		From <u>Sept 08</u>	Start <u>\$ 250</u>
Telephone <u>(501) 287-0002</u>		To <u>NOV 09</u>	Final <u>\$ 250</u>
		Your last job title <u>Busboy</u>	
Reason for leaving (be specific) <u>Don't feel like the hours I was working was the right amount getting payed.</u>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. <u>Clean tables, seat people, sweeping, mop, vacuum, set tables, wrap silver ware,</u>			

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