

Further Action Notice

Social Security Administration Tentative Nonconfirmation (SSA TNC)

For SSA Field Office Staff: use EV-STAR and see POMS RM 10245.005ff	
Reyes Vasquez	Ana
Employee's Last Name	Employee's First Name
442-42-3003	08/1993
Employee's Social Security Number	Employee's Month/Year of Birth
03/17/2017	2017076104903LE
Date of SSA Tentative Nonconfirmation	Case Verification Number
Reason for this Notice:	SSN did not match: The name and/or date of birth entered for this employee did not match Social Security Administration records

EMPLOYER INSTRUCTIONS:

1. Review this Further Action Notice in private with the employee as soon as possible.
IMPORTANT: If the employee does not speak English as his or her primary language or has a limited ability to read or understand the English language, also provide the employee with a translated version of this Further Action Notice. Translated versions are available in the 'View Essential Resources' section of E-Verify. If the employee cannot read this document for some other reason, provide the information in an alternative format.
2. Check that all of the information at the top of this Further Action Notice is correct. If this information is incorrect, close this case in E-Verify and create a new case with the correct information.
3. Ask the employee to indicate whether he or she will contest the SSA Tentative Nonconfirmation (SSA TNC) by signing and dating Page 2 of this Further Action Notice, and then sign and date below as the employer.
4. Give the employee a copy of the signed Further Action Notice in English (and a translated version, if appropriate) and attach the original to the employee's Form I-9.
5. Log in to E-Verify and search for this case using the information above. Follow the instructions in E-Verify to refer the case to SSA if the employee contests the TNC, or close the case if the employee does not contest the SSA TNC. If the employee chooses not to contest the SSA TNC, you may terminate his or her employment and close the case in E-Verify.
IMPORTANT: If the employee contests the SSA TNC, refer the case to SSA, print the Referral Date Confirmation from E-Verify, provide it to the employee, and instruct the employee to visit SSA within a [redacted] period of time to resolve the case. Do not [redacted].

I have notified this employee of the SSA Tentative Nonconfirmation and provided the employee with a copy of this Further Action Notice.	
Employer Solutions Staffing Group	Katie Ritter
Employer's Name	Employer Representative's Name
Date	Employer Representative's Signature

EMPLOYEE INSTRUCTIONS:

Why you received this Further Action Notice

Your employer participates in E-Verify, a program managed by the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA). E-Verify compares the information you provided on Form I-9, Employment Eligibility Verification, with records available to DHS to verify that you are authorized to work in the United States.

You received this Further Action Notice from your employer because E-Verify provided a result of SSA Tentative Nonconfirmation (SSA TNC). An SSA TNC means that the information entered into E-Verify by your employer does not match SSA records. An SSA TNC does not necessarily mean that you gave incorrect information to your employer or that you are not authorized to work in the United States. Visit the [For Employees](#) pages at www.dhs.gov/E-Verify to learn the reasons you may have received an SSA TNC.

What you should do:

1. Check that the information on Page 1 of this Further Action Notice is correct. If it is not correct, provide the correct information to your employer. Your employer should close this E-Verify case and use the corrected information to create a new case.
2. Decide if you will contest (take action to resolve) the SSA TNC and inform your employer of your decision.
IMPORTANT: If you decide not to contest the SSA TNC, your case will become a Final Nonconfirmation, which means that your employer may terminate your employment.
3. Select your decision to contest or not contest and sign and date this Further Action Notice below. If you decide to take action to contest the SSA TNC, to begin to resolve the SSA TNC, you must visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case in E-Verify.
IMPORTANT: Review Page 3 of this notice for important information about employer responsibilities and your rights.

Select box, sign and date below:

I choose to: (check one)			
<input type="checkbox"/>	CONTEST (take action to resolve the SSA TNC)		
<input type="checkbox"/>	NOT CONTEST (not take action to resolve the SSA TNC)		
Employee's Signature		Date	

What you must do to take action to resolve the SSA TNC:

1. Visit an SSA field office **within 8 Federal Government working days** from the date your employer refers your case to SSA to begin to resolve your case. Your employer must give you a Referral Date Confirmation, which will tell you the date by which you must visit SSA.
To locate an SSA field office, visit www.socialsecurity.gov/locator or call SSA at 800-772-1213 (TTY: 800-325-0778). If you live in an area where there is a Social Security Card Center, you are required to visit the Card Center.
2. Bring this Further Action Notice when you visit the SSA field office. Tell SSA that you are there because of an E-Verify issue.
3. Bring the following original documents to the SSA field office, if you have them. SSA may require:
 - Proof of your age; for example, a birth certificate or passport
 - Proof of your identity; for example, a driver's license or passport
 - Proof of a legal name change; for example, a marriage certificate, if your current name is not displayed on your current Social Security number card.
 - Proof of U.S. citizenship or your work-authorized status:
 - If you are a U.S. citizen, for example, a Naturalization Certificate, U.S. public birth certificate, or U.S. passport, or

- If you are not a U.S. citizen, for example, a Permanent Resident Card (Form I-551 or "green card"), Employment Authorization Document (Form I-766), or Arrival-Departure Record (Form I-94) showing work-authorized status.

To check the status of your case visit myE-Verify at <https://selfcheck.uscis.gov/SelfCheckUI/CaseTracker>.

KNOW YOUR RIGHTS

This page provides important information about employer responsibilities and your rights.

- Employers must promptly notify you, in private, of a Tentative Nonconfirmation (TNC).
- Employers must allow you to contest a TNC and may not take adverse action against you because of the TNC while you are contesting the TNC and your E-Verify case is pending.
- You have 8 Federal Government working days to visit an SSA field office or contact DHS to contest the TNC from the date the employer refers the case in E-Verify.
- Employers must not discriminate against you because of your citizenship, immigration status or national origin.
- Employers cannot use E-Verify selectively or to pre-screen job applicants. E-Verify must be used for all new employees regardless of citizenship, immigration status or national origin.
- Employers cannot use E-Verify to verify existing employees, unless the employer is currently a federal contractor with the Federal Acquisition Regulation (FAR) E-Verify Clause in its federal contract.
- Employers are required to clearly display the 'Notice of E-Verify Participation' and the 'Right to Work' posters in all languages supplied by DHS.
- Employers may terminate employees because of a TNC only after receiving a Final Nonconfirmation, or after an employee has decided not to contest a TNC.
- Employers may not use E-Verify to reverify existing employees whose employment authorization has expired. Instead, employers must complete Section 3 of Form I-9, Employment Eligibility Verification, or complete a new Form I-9.

For More Information

If you have questions about what to do, contact E-Verify at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov. If you need assistance in a language other than English, you may ask the E-Verify customer representative for an interpreter. For more information on E-Verify, including our privacy practices and program rules, visit the E-Verify website at www.dhs.gov/E-Verify.

To contact SSA, call 800-772-1213 (TTY: 800-325-0778) or visit SSA's website at www.socialsecurity.gov/.

Report Violations

If you believe your employer has violated E-Verify rules, or treated you in an unfair manner, we encourage you to report it. To report misuse of E-Verify, including privacy violations, and general E-Verify complaints, contact the E-Verify Employee Hotline at 888-897-7781 (TTY: 877-875-6028) or email E-Verify@dhs.gov.

To report employment discrimination based upon your citizenship, immigration status, or national origin, contact the Department of Justice, Civil Rights Division, Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 800-255-7688 (TTY: 800-237-2515). Language interpretation is available to all callers. For more information, visit OSC's website at www.justice.gov/crt/about/osc.

Protect Your Identity

If you want to learn more about identity theft or fraud and the simple steps you can take to protect yourself, visit ftc.gov/idtheft.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) <i>Reyes Vasquez</i>		First Name (Given Name) <i>Ana</i>		Middle Initial <i>Maria</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>741 Edmund Ave</i>			Apt. Number <i>3</i>	City or Town <i>Saint Paul</i>	State <i>MU</i>	ZIP Code <i>55104</i>
Date of Birth (mm/dd/yyyy) <i>04-05-93</i>	U.S. Social Security Number <i>447-47-3003</i>	Employee's E-mail Address <i>AMR.03-13-17</i> LOEP@LEOP <i>LEOP219197@qmail.com</i>			Employee's Telephone Number <i>651-404-0398</i>	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <i>097-888-999</i>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____
OR
 2. Form I-94 Admission Number: _____
OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee <i>Ana Vasquez</i>	Today's Date (mm/dd/yyyy) <i>03-13-17</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) <i>Reyes Vasquez</i>	First Name (Given Name) <i>Ana</i>	M.I. <i>M</i>	Citizenship/Immigration Status <i>US Perm Resident</i>
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>U.S. Permanent Resident Card</i>		Document Title		Document Title
Issuing Authority <i>U.S. Dept Homeland Security</i>		Issuing Authority		Issuing Authority
Document Number <i>WAC0798494867</i>		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) <i>11/23/2017</i>		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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): *03/13/2017* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>		Today's Date (mm/dd/yyyy) <i>03/13/2017</i>	Title of Employer or Authorized Representative <i>Administrative Assistant</i>	
Last Name of Employer or Authorized Representative <i>Vang</i>	First Name of Employer or Authorized Representative <i>Pang</i>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	ZIP Code 55439

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

Protect Your Number and Card to Prevent Their Misuse

- Sign your card right away and keep it in a safe place.
- **DO NOT** carry it with you.

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (3-2004)

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