

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/27/2015
Page: 1 of 1

Case Verification Number: 2015027130054UW

Case Information:**Employee Information:**

Last Name:	SAMPSON	First Name:	CASSIE
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 4666	Date of Birth:	04/23/1984
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:	Certification of Birth Abroad (Form FS-545)
Document Name:	ID card	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	04/23/2018
Alien Number:		I-94 Number:	
Additional Information:			
Hire Date:	01/27/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	01/27/2015

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:



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Sampson		First Name (Given Name) Cassie		Middle Initial U.	Other Names Used (if any)	
Address (Street Number and Name) 1978 14th Ave			Apt. Number 3	City or Town Leupport		State MN
Date of Birth (mm/dd/yyyy) 04/23/1984	U.S. Social Security Number 468-04-4666		E-mail Address CassMaster10@gmail		Zip Code 55088	
					Telephone Number (62) 722-0720	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee 	Date (mm/dd/yyyy) 04/23/1984
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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

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: Sampson, Cassie

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Identification Card</u>		Document Title: <u>Certificate of Birth</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>Washington County</u>
Document Number:		Document Number: <u>76714607520</u>		Document Number: <u>1984 - NN - 067306</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>04-23-2018</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**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): 01/27/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kaitlin</u>		Date (mm/dd/yyyy) <u>01/27/2015</u>	Title of Employer or Authorized Representative	
Last Name (Family Name) <u>Ritter</u>	First Name (Given Name) <u>Kaitlin</u>	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	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):
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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):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1984-MN-067306

FULL NAME CASSIE MARIE SAMPSON
DATE OF BIRTH APRIL 23, 1984
TIME 01:36 null
SEX FEMALE
PLACE OF BIRTH WADENA WADENA MINNESOTA
PARENT KRISTINE MARY SAMPSON
NAME AT BIRTH TJOENS
PLACE OF BIRTH STATE OF MINNESOTA
PARENT RUSSELL EDWARD SAMPSON
PLACE OF BIRTH STATE OF MINNESOTA

ANY AMENDMENT MADE PRIOR TO 01/07/2001 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
9174252



000006836

FILED: MAY 02, 1984

Molly Mulcahy Crawford

Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: JANUARY 13, 2015

WASHINGTON COUNTY - PUBLIC HEALTH - CG

THIS CERTIFICATION IS VALID ONLY WHEN REPRODUCED ON WATERMARKED SECURITY PAPER
WITH A RAISED BORDER AND RAISED STATE SEAL OF MINNESOTA.



MINNESOTA

**IDENTIFICATION CARD
NOT A DRIVER'S LICENSE**

CASSIE MARIE SANDFORD
411 SUMMIT ST NE
COLUMBIA HEIGHTS, MN 55427

Date of Birth 04-23-1964
Sex F
Eyes BRN
Hair BRN
Height 5-5
Weight 115

ISSUED 09-2013

EXPIRES 04-23-2018



Q767146017520

