

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/03/2010
Page: 1 of 1

Case Verification Number: 2010246102931NB

Initial Verification:

Last Name:	McClain	First Name:	Shaun
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 1820	Date of Birth:	12/30/1975
Hire Date:	09/03/2010	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:	09/03/2010

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: 09/03/2010

SENSITIVE BUT UNCLASSIFIED

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



SHAIN JAMES MCCLAIN
3807 COLLEGEVIEW RD PO BOX 7223
ROCHESTER, MN 55903

Date of Birth 12-30-1975
Sex M Eyes BLU Class ID
Height 5-9 Weight 230
ISSUED 05-2009 **DONOR**
EXPIRES 12-30-2013

M843152213315



SOCIAL SECURITY

SOCIAL SECURITY
664-41-1020
THIS NUMBER HAS BEEN ESTABLISHED FOR
SHAIN J MCCLAIN
ADMINISTRATION
SIGNATURE



FAKED





APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9-03-10

Name McClainⁿ Shain James
Last First Middle Maiden

Present address 3807 Collegeview R. 22 Rochester N.Y. 55903
Number Street City State Zip

How long 5 years Social Security No. 564 - 41 - 1820

Telephone (507) 319-0825

If under 18, please list age _____ Referred by Jay

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

How many hours can you work weekly? 20 Can you work nights? yes for now

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

When available for work? Mon - Fri Weekends

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

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>Elgin-Milvia</u>	<u>Elgin</u>	<u>All</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. _____

DUI

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>Textile Care Services</u>		Supervisor name <u>Jeremy Palmer</u>	
Position <u>Operator</u>		Employment dates	Pay or salary
Company _____		From <u>1-17-10</u>	Start
Address <u>Wood lane Dr</u>		To <u>still working</u>	Final
Telephone <u>(507) 252-7550 fax</u> <u>507 252-7500</u>		Your last job title _____	

Reason for leaving (be specific) None

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

Wash linen for Mayo Clinic.

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