

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 02/23/2015
Page: 1 of 1

Case Verification Number: 2015054134655ZU

Case Information:**Employee Information:**

Last Name:	Tahir	First Name:	Keira
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 4038	Date of Birth:	01/01/1997
Citizenship Status:	A lawful permanent resident	Email Address:	

Document Information:

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	LIN1190777480	Document Expiration Date:	
Alien Number:	079953990	I-94 Number:	

Additional Information:

Hire Date:	02/23/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	02/23/2015

Initial Case Result:

Last Name (in DHS records): TAHIR

First Name (in DHS records): KEIRA



Document Expiration Date (in DHS records): INDEFINITE

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:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

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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: Tahir, Kara

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Permanent Resident</u>		Document Title:		Document Title:
Issuing Authority: <u>USCIS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>079-953-990</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>03/14/2022</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
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): 02/23/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Karla M. Ritter</u>		Date (mm/dd/yyyy) <u>02/23/2015</u>	Title of Employer or Authorized Representative	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Karla</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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UNITED STATES OF AMERICA

PERMANENT RESIDENT



Surname

TAHIR

Given Name

KEIRA A

USCIS#

078-053-990

Category

REB

Country of Birth

Ethiopia

Date of Birth

01 JAN 1967

Sex

F

Card Expires:

03/14/22

Resident Since:

05/11/05

