

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/23/2010  
Page: 1 of 1

Case Verification Number: 2010266155504AN

**Initial Verification:**

Last Name:	Owens	First Name:	Thomas
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 4732	Date of Birth:	01/01/1981
Hire Date:	09/23/2010	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:	09/23/2010

**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:	09/23/2010

SENSITIVE BUT UNCLASSIFIED

**MINNESOTA  
DRIVER'S LICENSE**



**THOMAS LLOYD OWENS**  
607 11TH AVE NE  
STEWARTVILLE, MN 55927

Date of Birth 01-01-1981  
Sex Eyes Class  
M BRN D  
Height Weight  
5-9 325 **DONOR**

ISSUED 05-2010 EXPIRES 01-01-2014

Y105295018806

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION

**SOCIAL SECURITY**

577-04-4732

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**THOMAS LLOYD OWENS**

*Thomas L Owens*  
SIGNATURE

USA 03/11/2008

UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION



3<sup>30</sup> p



**ENTERED**

**APPLICATION FOR EMPLOYMENT**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-5 DATE 09-23-10

Name OWENS Thomas L  
Last First Middle Maiden

Present address 607 11 Ave NW Stewartville MN 55976  
Number Street City State Zip

How long 3 years Social Security No. 477 - 04 - 4732  
Telephone (507) 226-1547 dummy T & den Steppel

If under 18, please list age \_\_\_\_\_ Referred by Friends

Position applied for (1) \_\_\_\_\_ Days/hours available to work  
 and salary desired (2) \$7.50/hr No Pref  Thur \_\_\_\_\_  
 (Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? 40+ Can you work nights? Yes

Employment desired \_\_\_ FULL-TIME ONLY \_\_\_ PART-TIME ONLY  FULL- OR PART-TIME

When available for work? As soon as possible

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

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>Kasson Mantolville</u>	<u>Kasson</u>	<u>12</u>	<u>genral</u>
College	<u>Rochester Community Tech</u>	<u>Rochester</u>	<u>1</u>	<u>Nursing Assistant</u>
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>Burger King</u>		Supervisor name <u>Michael</u>	
Position <u>Opener</u>		Employment dates	Pay or salary
Company <u>Fast Food</u>		From <u>MARCH 10</u>	Start <u>7.50/hr</u>
Address <u>LuB FOODS ROCHESTER</u>		To <u>CURRENT</u>	Final <u>7.50/hr</u>
Telephone (____)		Your last job title <u>Opener</u>	

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.  
open store got it ready for breakfast and did general Maintenance.

Name <u>Taco Bell</u>		Supervisor name <u>Ryan Tonkin</u>	
Position <u>Shift manager</u>		Employment dates	Pay or salary
Company <u>Fast Food</u>		From <u>FEB 07</u>	Start <u>7.25/hr</u>
Address <u>Rochester</u>		To <u>SEPT 09</u>	Final <u>9.15/hr</u>
Telephone (____)		Your last job title _____	

Reason for leaving (be specific) I was terminated because of a procedure error

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.  
Opened & closed Books for store and ran shifts through out the day