

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 08/07/2015  
Page: 1 of 1

Case Verification Number: 2015219141053PT

Case Information:

Employee Information:

Last Name:	Walker	First Name:	Denise
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 4528	Date of Birth:	01/30/1973
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:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	01/30/2019
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/07/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	KRIT3361	Submitted On:	08/07/2015

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:

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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**SENSITIVE BUT UNCLASSIFIED**



# 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) <i>walker</i>		First Name (Given Name) <i>Denise</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>1224 Hazelwood</i>			Apt. Number <i>205</i>	City or Town <i>St. Paul</i>		State <i>Mn</i>
Zip Code <i>55106</i>		Date of Birth (mm/dd/yyyy) <i>01/30/1973</i>	U.S. Social Security Number <i>477-84-4528</i>	E-mail Address <i>walker.denise@yahoo.com</i>		Telephone Number <i>612 986-1305</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):

- 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: <i>Denise Walker</i>	Date (mm/dd/yyyy): <i>08/07/2015</i>
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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: Walker, Denise

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title: <u>Identification Card</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority:		Issuing Authority: <u>State of Minnesota</u>		Issuing Authority: <u>State of Indiana</u>
Document Number:		Document Number: <u>C183084479112</u>		Document Number: <u>336665</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>01-30-2019</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): 8-7-15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Katie Ritter</u>		Date (mm/dd/yyyy) <u>8-7-15</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>Ritter</u>		First Name (Given Name) <u>Katie</u>		Employer's Business or Organization Name <u>EMPLOYER SOLUTIONS STAFFING GROUP LLC</u>
Employer's Business or Organization Address (Street Number and Name) <u>7301 OHMS LANE SUITE 405</u>			City or Town <u>EDINA</u>	State <u>MN</u>
				Zip Code <u>55439</u>

### 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):

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):

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:

# MINNESOTA

IDENTIFICATION CARD  
NOT A DRIVER'S LICENSE



DENISE WALKER  
1224 HAZELWOOD #208  
ST PAUL, MN 55408

Date of Birth 01-30-1973

Sex	Eye	Class
F	BRN	ID

Height	Weight
5-0	153

ISSUED 02-2015

EXPIRES 01-30-2019

*Denise Walker*

C1830844791J2

FORT WAYNE - ALLEN COUNTY VITAL RECORDS DEPT  
DEPARTMENT OF PUBLIC HEALTH, FORT WAYNE, INDIANA 46802  
**CERTIFICATE OF BIRTH REGISTRATION**

33065

**This Certificate**, THAT ACCORDING TO THE RECORDS OF THE HEALTH DEPARTMENT  
NAME **DENISE WALKER**

WAS BORN IN ALLEN COUNTY, INDIANA ON **JANUARY 30, 1973**  
CHILD OF **JAMES HARRIS & JULIA M. WALKER**

BIRTHPLACE OF FATHER **MISSISSIPPI**

BIRTHPLACE OF MOTHER **ALABAMA**

RECORD WAS FILED **02/08/73**

DATE ISSUED **06/13/95**

CERTIFICATE NUMBER  
OR VOLUME AND PAGE **496**

*James M. Alexander, M.D.*  
HEALTH COMMISSIONER

*Janet A. Anderson*  
REGISTRAR - VITAL RECORDS DIVISION