

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/20/2015
Page: 1 of 1

Case Verification Number: 2015293094117XP

Case Information:

Employee Information:

Last Name:	Kamara	First Name:	Kacey
Middle Initial:		Other Names Used:	
Social Security Number:	*** ** 05	Date of Birth:	02/08/1992
Citizenship Status:	A lawful permanent resident	Email Address:	
Document Information:			
List A Document:	Foreign passport with temporary I-55 stamp or print notation on MRIV		
Passport Number:	WAC143230014	Document Expiration Date:	10/14/2016
Alien Number:	094041557	I-94 Number:	
Additional Information:			
Hire Date:	10/20/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - for:	
Submitted By:	KRIT3361	Submitted On:	10/20/2015

Initial Case Result:

Last Name (in DHS records):	KAMARA	First Name (in DHS records):	KACEY
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 date Employee Dat):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Re submission):

Case Result:

Request Name Review:

Comments:	
Submitted By:	Submitted On:

Case Result from DHS (for DHS verification in Process):

Case Result:	Response Date:
--------------	----------------

Employee Referred to DHS:

Referred By:	Referred On:
--------------	--------------

Case Result from DHS (for DHS tentative Nonconfirmation):

Case Result:	Response Date:
--------------	----------------

Photo Matching Results:

Determination: _____

Employee Referred to DHS (Additional):

Referred By: _____ Referred On: _____

Case Result from DHS (for Additional DHS Effortative Nonconfirmation):

Case Result: _____ Response Date: _____

Case Closure:

Closure Statement: _____

Closed By: _____ Closed On: _____

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) KAMANA		First Name (Given Name) Lacey		Middle Initial E	Other Names Used (if any)	
Address (Street Number and Name) 8171 TAYWOOD AVE			Apt. Number	City or Town COTTAGE GROVE	State MN	Zip Code
Date of Birth (mm/dd/yyyy) Feb 8, 1972	U.S. Social Security Number 792-520613	E-mail Address KC.KAMANA@GMAIL.COM			Telephone Number 612-859-1057	

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):

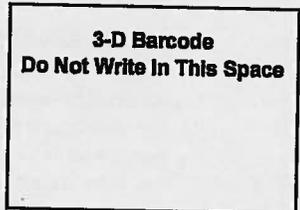
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): 094-041-357
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in 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: 094-041-357 OK

OR

2. Form I-94 Admission Number: _____



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): 9/29/15
------------------------	-----------------------------------

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	

STOP Employer Completes Next Page **STOP**

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: Mumtaz, Kacey

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Foreign Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>R1010</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>10/10/16</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): 10/20/16 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kacey Mumtaz</u>		Date (mm/dd/yyyy) <u>10/20/16</u>	Title of Employer or Authorized Representative <u>Staffing Specialist</u>	
Last Name (Family Name) <u>Mumtaz</u>	First Name (Given Name) <u>Kacey</u>	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC		
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

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):

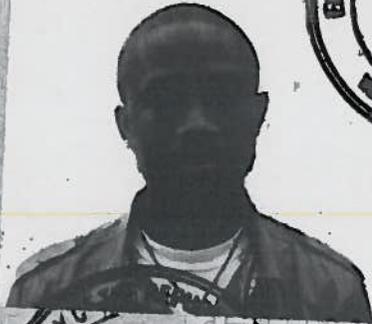
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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:
---	--------------------	--

Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.



28



**CONSULATE OF
THE REPUBLIC OF LIBERIA**

Location: **WASHINGTON, D.C.**

Passport Renewal / Extension

RNWL# **K12129**

The validity of this passport is Renewed/Extended
 For a period of **02** **TWO** years
 From **9/11/12** to **9/11/12**



Office of Consular Affairs & State

WASHINGTON, D.C.

29

Warning: A nonimmigrant who accepts unauthorized employment is subject to deportation.

REPUBLIC OF LIBERIA

Endorsement



REPUBLIC OF LIBERIA

Endorsement

★	Upon endorsement, serves as temporary I-551 evidencing permanent residency for one year.	★
U	Issue Date <u>10/14/15</u>	U
S	Officer <u>SPM150KMP</u>	S
D	EMPLOYMENT AUTHORIZED	D
H	Valid Until <u>10/14/16</u>	H
S		S
★		★

CR6 A 94-041-557
 WAC 14 225 50502
 WAC 14 323 00148
 I 751 PENDING