

Department of Homeland Security
U.S. Citizenship and Immigration Services

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Bayle</u> First <u>Claudia</u> Middle Initial <u>C</u>	Maiden Name
Address (Street Name and Number) <u>330 River Crest Lane</u>	Apt. #
City <u>Covington</u> State <u>GA</u> Zip Code <u>30016</u>	Date of Birth (month/day/year) <u>10-30-67</u>
	Social Security # <u>125-82-9066</u>

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 or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature <u>[Signature]</u>	Date (month/day/year) <u>2/28/07</u>
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
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NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

HARRY'S NURSES REGISTRY, INC., 88-25 163RD Street Jamaica, NY 11432
Tel. # (718) 739-0045 Fax # (718) 739-0042

Memorandum of Agreement made and entered into this date 2/20/07
by HARRY'S NURSES REGISTRY, INC., located at 88-25 163rd Street, Jamaica, NY 11432 for
services by and between:

Name: Claudia Gayle RN
Residing at: 830 River Crest Lane
Columpton, GA 30016

Subcontractor, Witness:

I, Claudia Gayle RN desire to retain the services of HARRY'S NURSES
REGISTRY, INC. to perform nursing services.

HARRY'S NURSES REGISTRY, INC. will furnish all the facilities to carry out this work. In
consideration for the services rendered, HARRY'S NURSES REGISTRY, INC. will pay a per diem of
pay to be agreed upon prior to the commencement of duty.

It is understood that Claudia Gayle RN is an independent contractor and is
responsible for any and all Income Taxes (Health Insurance, Mal-Practice Insurance, etc.) which may
be due from the income derived pursuant to this contract.

This Agreement signed by the parties on this date

[Signature]
Independent Contractor

2/20/07

Harry Dorvilier, CEO

Witness

The University of the State of New York
Education Department

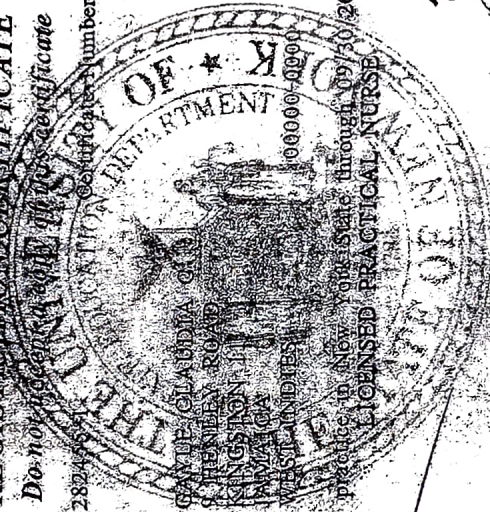
Office of the Professions

REGISTRATION CERTIFICATE

Do not sign this certificate

License Number: 282467

Expiration Date: 08/31/2008
Registration Number: 5513146



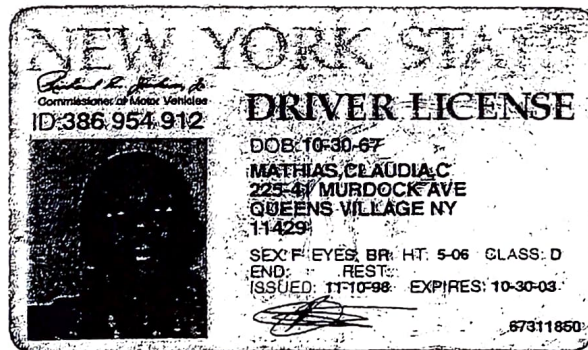
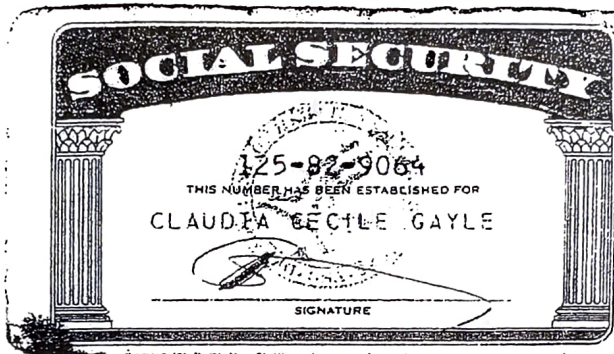
is registered to practice in New York State through 09/30/2008 as a(n)
LICENSED PRACTICAL NURSE

[Signature]
LICENSE REGISTRANT
[Signature]
EXECUTIVE SECRETARY

[Signature]
COMMISSIONER OF EDUCATION
[Signature]
DEPUTY COMMISSIONER
OFFICE OF THE PROFESSIONS

This document is valid only if it has not expired, the name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit <http://www.pds.state.ny.gov>.

282467



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E-Verify **Employment Eligibility Verification**

Case Verification Number: 2009203125028DN

Initial Verification

Last Name: GAYLE	First Name: CLAUDIA
Middle Initial:	Maiden Name:
Social Security Number: 125-82-9064	Date of Birth: 10/30/1967
Hire Date: 07/22/2009	Citizenship Status: Citizen of the United States
Alien Number:	I-94 Number:
Document Type: List B, C Documents	Doc. Expiration Date:
Employer Case ID: GAYCLA67	
Initiated By: CMEN1285	Initiated On: 07/22/2009

Initial Verification Results

Initial Eligibility: SSA TENTATIVE NONCONFIRMATION
SSA unable to confirm U.S. Citizenship

Case Documents for Printing

- Case Details
- Notification to Employee - Social Security Administration Tentative Nonconfirmation (English version)
- Notification to Employee - Social Security Administration Tentative Nonconfirmation (Spanish version)

Citizen of US

A-712

ID:386 954 912



DRIVER'S LICENSE

DOB: 10-30-67
GAYLE, CLAUDIA, C
198 MAIN ST
MOUNTAINDALE NY 12763
SEX: F EYES: BR HT: 5-06 CLASS: D
E: R
ISSUED: 10-07-03 EXPIRES: 10-30-11

A handwritten signature in dark ink, appearing to be 'C. Gayle'.

67772350

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E-Verify *Employment Eligibility Verification*

Case Verification Number: 2009203130111JT

Initial Verification

Last Name:	GAYLE	First Name:	CLAUDIA
Middle Initial:		Maiden Name:	CECILE
Social Security Number:	125-82-9064	Date of Birth:	10/30/1967
Hire Date:	07/22/2009	Citizenship Status:	Citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Employer Case ID:	CECILE67		
Initiated By:	CMEN1285	Initiated On:	07/22/2009

Initial Verification Results

Initial Eligibility: SSA TENTATIVE NONCONFIRMATION
SSA unable to confirm U.S. Citizenship

Case Documents for Printing

- [Case Details](#)
- [Notification to Employee - Social Security Administration Tentative Nonconfirmation \(English version\)](#)
- [Notification to Employee - Social Security Administration Tentative Nonconfirmation \(Spanish version\)](#)