Department of Homeland Security	Section and the second second	Emplo	OMB No. 1615-0047 yment Eligibility Ve	
Please read instructions carefully before of of this form. ANTI-DISCRIMINATION NOTI CANNOT specify which document(s) they ture expiration date may also constitut	KE: It is illegal to discr will accept from an emp	Moyee. The refu	WORK eligible individuals	s. Employe
section 1. Employee Information and Veril		the state of the second st	e at the time employment begins	i.
	First Marit	Middle Initial	Maiden Name	
Address (Street Name and Number) Address (Street Name and Number) ABD Higher (Also	2 Change	Apt.#	Date of Birth (month/day/year)	1
city Covington State	SA	Zip Code SDDIE	Social Security # 125-8	12-926
I am aware that federal law provides for imprisonment and/or fines for false staten use of false documents in connection with completion of this form.	nents or A citiz A Law A Law A Law	r penalty of perjury, the en or national of the ful Permanent Resid en authorized to work # or Admission #)	ent (Alien #) A	ing):
Employee's Signature	U	a stati	Date (month ktay/year)	107
Preparer and/of Pranslator Certific other than the employee.) I attest, under pena of my knowledge the information is true and or Preparer's Translator's Signature	ity of perjury, that I have assiste	d in the completion of	prepared by a person l of this form and that to the best	
Address (Street Name and Number, City, Stat			Date (month/day/year)	
a management of the same and the second s				
Section 2. Employer Review and Verification examine one document from List B and one from List any, of the document(s).	11. To be completed and sign C, as listed on the reverse of	od by employer. Ex this form, and reco	amine one document from List rd the title, number and expira	A OR tion date, if
List A OR	List B	AND	List C	
Crement tide:	· .			
tsg authority:		·. ·		
Document #:				
Expiration Date (if any):				
Document #				
Expiration Date (if any):				
ERTIFICATION - lattest, under penalty of perjury mployee, that the above-listed document(s) app mployee began employment on <i>(month/day/year)</i> s eligible to work in the United States. (State em	ear to be genuine and to a n and that	elate to the empl it to the best of m	loyee named, that the ny knowledge the employee	•
ignature of Employer or Authorized Representative	Print Name		Title	
usiness or Organization Name Address (Stre	et Name and Number, City, St		Date (month/day/jear)	
ection 3. Updating and Reventication. To be	the states of the second second	koyer.	· 2 ·	
New Name (# applicable)	an a	B. Date (of Rehire (month/day/year) (if app	olicable)
If employee's previous grant of work authorization has e eligibility. Document Title:	xpired, provide the information Document #:		nent that establishes current emp Date (if any):	koyment
tiest, under penalty of perjary, that to the best of my esemed document(s), the document(s) I have examin mature of Employer or Authorized Representative	knowledge, this employee is eq appear to be genuine and	eligible to work in to relate to the ind	the United States, and If the ex Inidual. Date (month/day/year)	mployee
NOTE: This is the 1991 edit current printing date to refle components.	tion of the Form 1-9 that has be of the recent transition from th	en rebranded with a INS to DHS and its	Form 1-9 (Rev. ()5/ <u>3</u>
current printing date to refle	tion of the Form 1-9 that has be loct the recent transition from th	en reonancied with a INS to DHS and its	Form I-9 (Rev. ();

HARRY'S NURSES EGISTRY, INC., 88-25 163RD Street maica, NY 11432 Tei. # (718) 739-0045 Fax # (718) 739-0.02

Memorandum of Agreement made and entered into this date $\frac{H}{V} \frac{V}{V}$ by HARRY'S NURSES REGISTRY, INC., located at 88-25 163rd Street, Jamaica, NY 11432 for services by and between:

Name: Residing at:

Subcontractor, Witness: I, <u>(laudioi) Joyle UM</u> 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 Clouba yayk way is an independent contractor and is

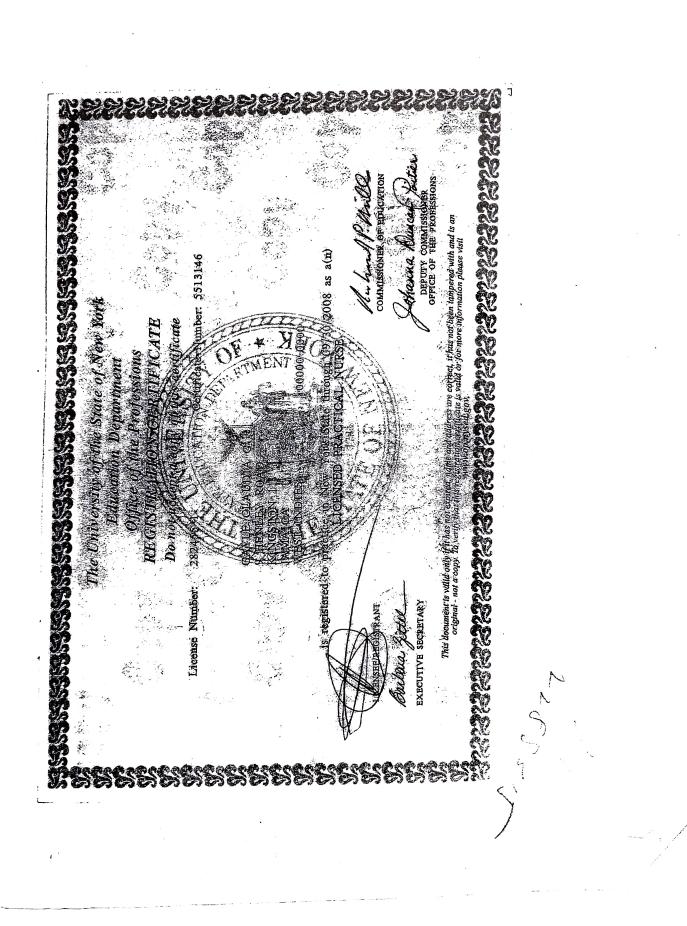
responsible for any and all Income Taxes (Health Insurance, Mal-Practice Insurance, etc.) which may be due from the income derived pursuant to this contract.

This Agreement signed by the parties on this date

Independent Contractor

Harry Dorvilier, CEO

Witness



SSA NOTICE to Employee of Tentative Nonconfirmation

Page 1 of 3





Social Security Administration (SSA) Notice to Employee of Tentative Nonconfirmation

GAYLE			CLAUDIA
Last Name of Employee	- 1 A		First Name of Employee
125-82-9064			10/1967 Employee's Month/Year of Birth
Employee's Social Securit	ty Num	ber (SSN)	Employee's Monau real of Entry
07/22/2009	4	-	2009203125635KX
Date of SSA Tentative Nor	nconfir	mation	Case Verification Number
Reason for this Notice:		SSN does not match. The Social S name and/or date of birth entered for SSN Is invalid. The SSN entered in SSA unable to confirm U.S. Citizo work because SSA records do not	enship. Cannot confirm that the employee is eligible to show that the SSN holder is a U.S. citizen. er Reason. SSA found a discrepancy in the

Instructions for the Employer

====IMPORTANT====

Employee must acknowledge receipt of this letter, date and sign it, and return it to you.

- Review this entire letter with your employee. 1.
 - IMPORTANT: If the employee cannot read, you must read this notice to the employee. If the employee does not fully understand English and speaks Spanish, you must provide your employee with the Spanish version of this notice.
 - If the information on this letter is not correct, you must first close this case in E-Verify as an "invalid query" and then run a new E-Verify query with the correct information.
 - If the employee's name, SSN and birth date at the top of this letter are correct, your employee has the right to contest this Tentative Nonconfirmation. The employee will do this on Page 2.
 - After you and your employee review and sign this document, give a copy to the employee.
- If your employee chooses to contest the Tentative Nonconfirmation, take the following three actions to refer the employee to
- 2 SSA:
 - (1) Clicking "Initiate SSA Referral" in E-Verify;

 - (2) Printing the SSA Referral Letter, and
 (3) Providing a signed original of the SSA referral letter to your employee.
- If your employee chooses not to contest the Tentative Nonconfirmation, you may fire the employee and close the case in E-Verify with the explanation "self-terminated." 3.
- Read and sign the statement below.

I certify that this employee has received a copy of this Tentative Nonconfirmation Notice and that the employee has made the decision indicated on page 2 of this notice. I certify that the employee has read and signed this document. I certify to the best of my knowledge that the employee's decision to contest or not contest the SSA Tentative Nonconfirmation was of his/her own free will and that the employee has not been coerced or pressured in any way by this employer regarding his or her decision to contest the SSA Tentative Nonconfirmation. ; certify that the employee named at the top of this notice is the person who signed this document on page 2.

HARRYS NURSES REGISTRY, INC	CHAK MEN FAN
Name of Employer	Name of Employer Representative
Date	Signature of Employer Representative
	an a

Page 1 of 3 | SSA Notice to Employee of Tentative Nonconfirmation | Revision Date 9/29/08

www.dhs.gov/E-Verify



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Casé Details

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Online Resources | Tutorial | Home | Contact Us | Exit Employment Eligibility Verification Case Verification Number: 2009203125028DN Initial Verification CLAUDIA Last Name: First Name: GAYLE Middle Initial: Maiden Name: 10/30/1967 Social Security 125-82-9064 Date of Birth: Number: Citizen of the United Hire Date: Citizenship Status: 07/22/2009 States Alien Number: I-94 Number: Doc. Expiration Date: Document List B, C Type: Documents Employer Case GAYCLA67 ID: Initiated On: 07/22/2009 Initiated By: CMEN1285 **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)

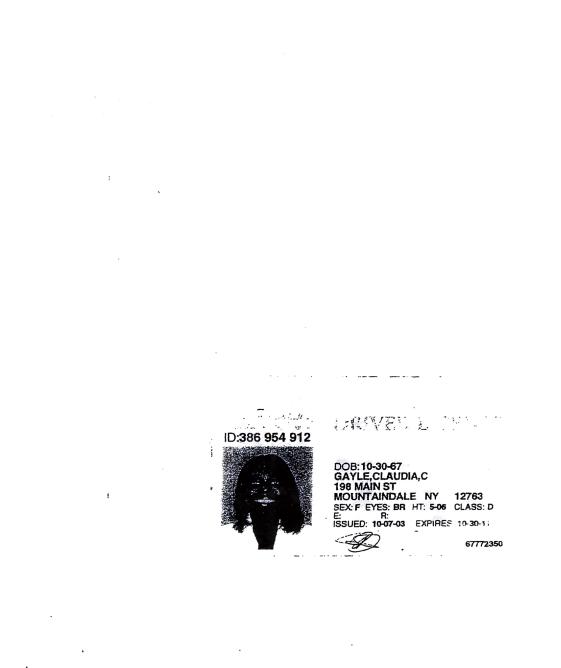
Notification to Employee - Social Security Administration Tentative Nonconfirmation (Spanish version)

Initiate SSA Referral Resolve Case Close

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A-713

Case Details

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Contine Resources | Tutorial | Home | Contact Us | Exit Employment Eligibility Verification

Initial Verifi	cation		
Last Name:	GAYLE	First Name:	CLAUDIA
Middle Initial	:	Maiden Name:	CECILE
Social Securit Number:	y 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: Employer Cas	List B, C Documents e CECILE67	Doc. Expiration Date	2:
ID: Initiated By:	CMEN1285	Initiated On:	07/22/2009

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)

Initiate SSA Referral Resolve Case Close

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https://www.vis-dhs.com/WEBBP/CaseDetails.aspx?CaseVerNum=2009203130111JT

7/22/2009