



U.S. Department of Justice  
Immigration and Naturalization Service

83-506

OMB No. 1115-0136

**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 a 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>Tom</u>	First <u>Margaret</u>	Middle Initial <u>R</u>	Maiden Name <u>McKinney</u>
Address (Street Name and Number) <u>PO. Box 1899</u>		Apt. #	Date of Birth (month/day/year) <small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small> [REDACTED]
City <u>Plummetto</u>	State <u>FL</u>	Zip Code <u>34220</u>	Social Security # <small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small> [REDACTED]
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): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # <u>A</u> ) <input type="checkbox"/> An alien authorized to work until <u>1/1</u> (Alien # or Admission #) _____	
Employee's Signature <u>Margaret Tom</u>		Date (month/day/year) <u>4-19-05</u>	

**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: _____		<u>Id CARD</u>		<u>Social Security</u>
Issuing authority: _____		<u>Kentucky</u>		[REDACTED] <small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small>
Document #: _____		<u>M03-000-649</u>		_____
Expiration Date (if any): ___/___/___		<u>10/22/07</u>		___/___/___
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) 4/19/05 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 <u>Mark Henngo</u>	Print Name <u>Mark Henngo</u>	Title <u>Paymaster</u>
Business or Organization Name <u>Feld Entertainment Inc.</u>	Address (Street Name and Number, City, State, Zip Code) <u>8607 West Wood Center Dr. Vienna VA 22182</u>	Date (month/day/year) <u>4/19/05</u>

**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)
--	-----------------------

U.S. Department of Justice  
Immigration and Naturalization Service

00.5.00

OMB No. 1115-0136

**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 a 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>TOM JR</u>	First <u>ROBERT</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>P.O. B 1899</u>		Apt. #	Date of Birth (month/day/year) <small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small>
City <u>PLANNETT</u>	State <u>FL</u>	Zip Code <u>34220</u>	Social Security # <small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small>
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): <input checked="" type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature <u>Robert Tom Jr</u>			Date (month/day/year) <u>7/19/05</u>

**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: _____		<u>CDL License</u>		<u>Social Security</u>
Issuing authority: _____		<u>New York</u>		<small>Personal Information Redacted Pursuant to LCvR 5.4(f)</small>
Document #: _____		<u>144 817 706</u>		
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) 4/19/05 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 <u>[Signature]</u>	Print Name <u>Mark Henge</u>	Title <u>Paymaster</u>
Business or Organization Name <u>Feld Entertainment Inc</u>	Address (Street Name and Number, City, State, Zip Code) <u>8607 Westwood Center Dre Vienna VA 22182</u>	Date (month/day/year) <u>04/20/05</u>

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

A. New Name (if applicable)	B. Date of hire (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)
--	-----------------------