

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/21/2010
Page: 1 of 1

Case Verification Number: 2010294151010LU

Initial Verification:

Last Name:	Afram	First Name:	Mudhafar
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 2947	Date of Birth:	06/13/1973
Hire Date:	10/21/2010	Citizenship Status:	A lawful permanent resident
Alien Number:	212195342	I-94 Number:	
Document Type:	Arrival/Departure Record (Form I-94)	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	10/21/2010

Initial Verification Results:

Last Name:	AFRAM	First Name:	MUDHAFAR
Initial Eligibility:	Employment Authorized		

SSA Referral:

Referral By:		Referral Date:	
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Verification Response:

Eligibility:		Response Date:	
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SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Submitted By:		Submitted On:	

Resubmittal Verification Results:

Eligibility:		Response Date:	
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Additional Verification:

Comments:			
Submitted By:		Submitted On:	

Verification Response:

Eligibility:		Response Date:	
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DHS Referral:

Referral By:		Referral Date:	
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DHS Referral Results:

Eligibility:		Response Date:	
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Photo Matching Results:

Determination:			
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Additional DHS Referral:

Referral By:		Referral Date:	
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Additional DHS Referral Results:

Eligibility:		Response Date:	
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Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	10/21/2010

SENSITIVE BUT UNCLASSIFIED

Warning A nonimmigrant who accepts unauthorized employment is subject to deportation.
Important Retain this permit in your possession; *you must surrender it when you leave the U.S.*
 Failure to do so may delay your entry into the U.S. in the future.
 You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from Department of Homeland Security authorities, is a violation of the law.
Surrender this permit when you leave the U.S.:
 - By sea or air, to the transportation line;
 - Across the Canadian border, to a Canadian Official;
 - Across the Mexican border, to a U.S. Official
 Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

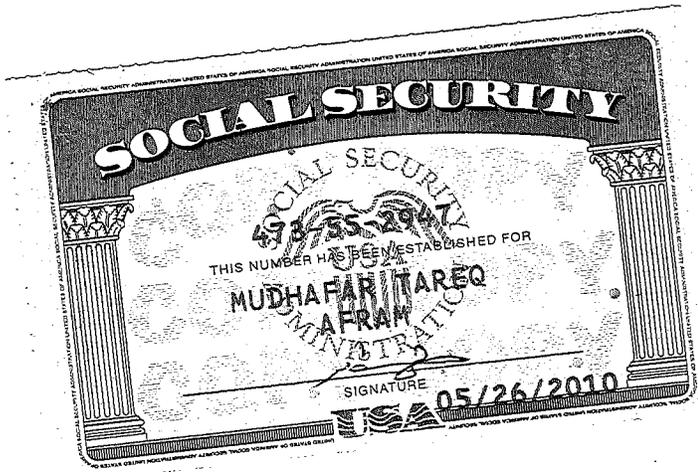
A - 2 1 2 1 9 5 3 4 2

DE

Port: Departure Record
 Date:

STAPLE HERE

See Other Side





10-21-10 11A

left message
10/18/10

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10/13/2010

Name Mudhafar Afram Tara "Afram"

Last First Middle Maiden

Present address 37th Rochester MN 55901

Number Street City State Zip

How long _____ Social Security No. XXX - XX - 2947

Telephone (57) 319 5050

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Days/hours available to work

and salary desired (2) _____ (Be specific) _____

No Pref Thur

Mon Fri

Tue Sat

Wed Sun

How many hours can you work weekly? 40 Can you work nights? Yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? any time

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

Do you anticipate any absences from work on a regular basis?
 No Yes If so, please explain _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<u>Depluma</u>	<u>Baghdad</u>		
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? ___ Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date _____

Have you had any accidents during the past three years? ___ Yes ___ No

If so, how many? _____

Have you had any moving violations during the past three years? ___ Yes ___ No

If so, how many? _____

OFFICE USE ONLY

Typing ___ Yes ___ No

Personal Computer ___ Yes ___ No

10-key ___ Yes ___ No

_____ WPM

___ PC ___ Mac

Word Processing ___ Yes ___ No

Other _____

_____ WPM

Skills _____

Please list two references other than relatives or previous employers.

Name Amrout Asmar

Name Omer Skoric

Position Case Manager

Position Case Manager

Company IMAA

Company IMAA

Address _____

Address _____

Telephone 507 289 5960

Telephone 507 289 5960

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name <u>WESCOT ORCHARD</u>		Supervisor name <u>JODINE</u>	
Position <u>Sorter</u>		Employment dates	
Company <u>WESCOT ORCHARD</u>		From <u>9/200</u>	Pay or salary
Address <u>ELGIN, ILL</u>		To <u>9/2010</u>	Start
Telephone <u>(507) 876 0142</u>		Final	
Your last job title _____			

Reason for leaving (be specific) NOT ENOUGH WORK (SLOW DOWN - PRODUCTION)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name _____		Supervisor name _____	
Position _____		Employment dates	
Company _____		From _____	Pay or salary
Address _____		To _____	Start
Telephone (____) _____		Final	
Your last job title _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

I agree that:

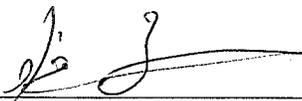
Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant _____



Date: 10/13/20

Reichel Foods

Authorization for Payroll Deduction

I, Mudha Far Afram (employee's name), hereby authorize my employer to deduct the dollar amount listed below from my next paycheck.

Item #	Item Description	Size	Qty	Price Each	Item Total
1	Men's Short Sleeve T-Shirt – <u>Sapphire</u>	<u>XL</u>	<u>1</u>	\$6.00	<u>X</u>
1	Men's Short Sleeve T-Shirt – <u>Maroon</u>			\$6.00	
2	Lady's Short Sleeve T-Shirt – <u>Black</u>			\$7.00	
2	Lady's Short Sleeve T-Shirt – <u>Red</u>			\$7.00	
3	Men's Long Sleeve T-Shirt – <u>Purple</u>			\$11.00	
3	Men's Long Sleeve T-Shirt – <u>Navy</u>			\$11.00	
4	Men's Crewneck Sweatshirt – <u>Royal Blue</u>			\$12.00	
4	Men's Crewneck Sweatshirt – <u>Charcoal</u>			\$12.00	
5	Men's ¼-Zip Fleece Sweatshirt – <u>Maroon</u>			\$32.00	
5	Men's ¼-Zip Fleece Sweatshirt – <u>Iron Grey</u>			\$32.00	
6	Lady's Full Zip Fleece Sweatshirt – <u>Teal Blue</u>			\$33.00	
6	Lady's Full Zip Fleece Sweatshirt – <u>Black</u>			\$33.00	
7	Light-Weight Jacket – <u>Battleship Grey</u>			\$34.00	
7	Light-Weight Jacket – <u>True Black</u>	<u>XL</u>	<u>1</u>	\$34.00	<u>X</u>
Subtotal:					
Additional Costs for XXL or XXXL sizes:					
**** NO RETURNS ****				Order Total:	

Pricing is for sizes Small – X-Large. XXL – add \$2.00. XXXL – add \$3.00.

Print Name: Mudha Far Afram - CMG

Department: Sanitation Shift: 3rd

Date: 7-11-16

Signature: [Signature]

Office Use Only:	
Date Entered:	
Approved by:	
Effective Paycheck Date:	

319-8050



REICHEL FOODS APPAREL

ALL EMPLOYEES MUST FILL OUT THIS FORM TO PLACE CLOTHING ORDER

CMG EMPLOYEES MUST FILL OUT THIS FORM **AND** ADDITIONAL AUTHORIZATION FORM

I, Mudhafar Afram (employee's name), hereby authorize my employer to deduct the dollar amount listed below from my next paycheck. No returns are accepted unless you receive a defective item. All sales are final.

ITEM #	ITEM DESCRIPTION	COLOR	SIZE	QTY	PRICE EACH	TOTAL
ST350	Dry fit performance Tee	Neges Gold	XL	1	10.00	10.00
ST350	Dry fit performance Tee	Neon Pink	XL	1	10.00	10.00
PC61LS	Long sleeve Tee	Purple	XL	1	12.00	12.00
J317	Mens Soft shell Jacket M.A	Very Grey	XL	1	42.00	42.00
J317	Mens Soft shell Jacket	BottleShip Grey	XL	1	42.00	42.00
TOTAL ORDER						74.00



Print Name: Mudhafar Afram

Department: sanitairs Shift: 3rd Date: 11-7-17

Signature: [Signature]

Welder Dropped off on
12/26/17

Office Use Only:	
Date Entered:	
Approved by:	
Effective Paycheck Date:	