

**FAXED****SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security
E-Verify****Report Prepared: 10/07/2009****Page: 1 of 1****Case Verification Number: 2009280163031XJ****Initial Verification:**

Last Name:	Abreu Rodriguez	First Name:	Clemente
Middle Initial:	A	Maiden Name:	
Social Security Number:	731-18-2359	Date of Birth:	11/23/1971
Hire Date:	10/07/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	059202342	I-94 Number:	
Card Number:	SRC0922650483		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	10/07/2009

Initial Verification Results:

Last Name:	ABREU RODRIGUEZ	First Name:	CLEMENTE
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Click to Enlarge

Expire Date:	INDEFINITE
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Initial Eligibility:	EMPLOYMENT AUTHORIZED
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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:
Initiated By:	Initiated On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:	
Initiated By:	Initiated 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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EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Abreu
Apellido Nombre

FIRST NAME: Clemente MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 1251 4 1/2 St NW
Direccion

CITY: Rochester STATE: MN ZIP: 55901
Ciudad Estado Zona Postal

HOME PHONE #: (507) 287-6285 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 11/23/71
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 731-18-2359
Numero de Seguro Social

GENDER: FEMALE _____ MALE MARITAL STATUS: MARRIED _____ SINGLE
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) hispanic
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Maribel Alvarez</u>	Nombre
PHONE #: <u>(507) 206-0871</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 10/07/09 START DATE: 10/07/09 TERM DATE: _____

SALARY (Hourly): \$7.50 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: Hormel SUPERVISOR: Rick

PRIMARY LANGUAGE: Spanish WORKERS COMP CODE: 10504

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit _____
CMG Rollover Date: _____	
Client Rollover Date: _____	



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9/24/09

Name Clemente Ant Abreu R.
Last First Middle Maiden

Present address 1251 4 1/2 st NW Rochester MN 55901
Number Street City State Zip

How long 3 months Social Security No. 731 - 18 - 2359

Telephone 607 287-6285

If under 18, please list age _____ Referred by Carmen Abreu

Position applied for (1) Any Available 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? 35-40 Can you work nights? yes

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

When available for work? As soon as possible

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				
College	<u>Dominican Republic</u>			
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. _____



ENTERED

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>Tony</u>	Supervisor name <u>Oswaldo Galvan</u>	
Position <u>Cleaning</u>	Employment dates	Pay or salary
Company <u>Carlson Building Maintenance</u>	From <u>9/2/09</u>	Start <u>9.00</u>
Address _____	To _____	Final <u>9.00</u>
Telephone (504) _____	Your last job title <u>Cleaning</u>	

Reason for leaving (be specific) not getting much sleep.

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	Pay or salary
Company _____	From _____	Start _____
Address _____	To _____	Final _____
Telephone (____) _____	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 Clemente Art Abreu R. Date: 9/24/09