E-Verify®
Employment Eligibility Verification

SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016152092155VX

Report Prepared: 05/31/2016

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Do

First Name: Soukheng

Date of Birth: 10/05/1956

Social Security Number: *** ** 7640

Hire Date: 05/31/2016

Citizenship Status: A lawful permanent resident

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Alien Number: 064090490

Document Name: ID card

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 10/05/2020

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 05/31/2016

Case Submitted By: SHAU5397

Closed On: 05/31/2016

Closed By: SHAU5397

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED

CMG
CORPORATE MANAGEMENT GROUP

ENTERED

CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 04/07/2016

Name DO SOUKHENG
Last First Middle Maiden

Present address 1116 6TH AVE NW
Number Street
Rochester MN 55901
City State Zip

Social Security No. 013 - 19 - 7640

Telephone (507) 271 6363 E-Mail vong_xe@yahoo.com

If under 18, please list age _____ Referred by Keang Chhay Vong

Position applied for (1) production and salary desired (2) _____ (Be specific)	Shift available to work 1st _____ 2nd _____ 3rd _____

How many hours can you work weekly? _____ Can you work nights? _____

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

When available for work? anytime

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

Do you anticipate any absences from work on a regular basis?
X 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				
Bus. or Trade School				
Professional School				

APPLICATION FOR EMPLOYMENT

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

What is your means of transportation to work? by my son

Driver's license number ______ State of issue ______

Operator ___ Commercial (CDL) ___ Chauffeur ___

Expiration date ______

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

If so, how many? ______

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

If so, how many? ______

Please list two references other than relatives or previous employers.

Name Koeung Chhay Vong	Name ______
Position Line Leader	Position ______
Company Reichel Food (former)	Company ______
Address 1116 4th AVE. NW Rochester MN 55901	Address ______
Telephone (507) 221 6383	Telephone (___) ______

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

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

Branch _____ 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 _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates	Pay or salary
	From To	Start 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.		

Name _____ Position _____ Company _____ Address _____ _____ Telephone (____)_____	Supervisor name _____	
	Employment dates	Pay or salary
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	Your last job title _____	
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APPLICATION FOR EMPLOYMENT

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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.		

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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.		

May we contact your present employer? __ Yes __ No

Did you complete this application yourself __ Yes X No

If not, who did? Keang ellay Jones (my son)

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

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 of Corporate Management Group, Inc. (CMG), 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 an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG 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 will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG 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, CMG 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 CMG 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 CMG is terminable at will for any reason by either party.

Signature of applicant _____ Date: 04/07/2010

Preliminary Questions

For CMG use only

Name: _____

Date: _____

1. If hired are you willing to take a drug test? Y
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? N
3. Are you able to work with pork? Y
4. Which plant do you prefer? N
5. What shift to you prefer? 2

To be completed during interview only

Date of interview_____

Have you ever been convicted of a crime? Yes____ No____

Explain

Incident_____

_____

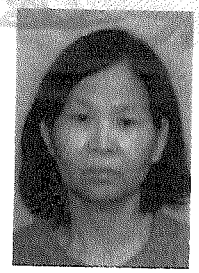
_____

Employee Signature_____

Interviewer Signature_____

MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



SOUKHENG DO
1964 42ND ST NW
ROCHESTER, MN 55901

Date of Birth 10-05-1956

Sex	Eyes	Class
F	BRN	ID
Height	Weight	
5-2	100	

ISSUED 03-2016 EXPIRES 10-05-2020

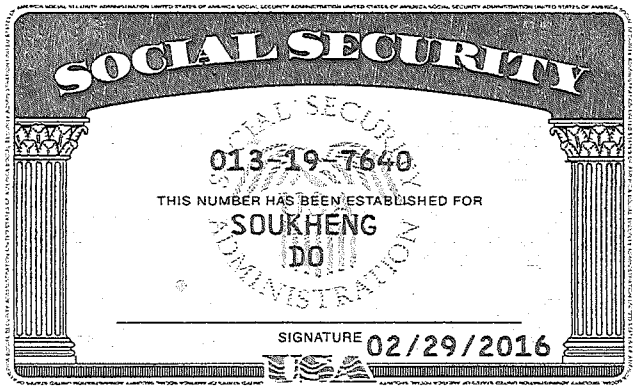
Q087112707815

CARD

YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.



ot allow others to use your number
st or stolen. Protect both your card

it record (if you are entitled) if your
. changes. You will need to file an
your identity, and we may request

your employer uses the same name
an record your earnings correctly.
eping purposes. Such use is neither
umber by such an organization for
. Private organizations cannot get
r number.
whether giving it is mandatory or
used.
Security card will be marked "NOT
als if you use the number to work.
ork, your Social Security card will
ON." If you show this card to an
w your U.S. immigration document

ome disabled, reach retirement age

ocialsecurity.gov.