

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 09/28/2010
Page: 1 of 1

Case Verification Number: 2010271123646YV

Initial Verification:

Last Name:	Gabra	First Name:	Aml
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0364	Date of Birth:	07/16/1966
Hire Date:	09/22/2010	Citizenship Status:	A lawful permanent resident
Alien Number:	060820469	I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	09/28/2010

Initial Verification Results:

Last Name:	GABRA	First Name:	AML
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:

Additional Verification:

Comments:	Submitted On:
Submitted By:	

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:

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: 09/28/2010

SENSITIVE BUT UNCLASSIFIED

9.22.10 11:30 AM

File - Visa expired



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5

DATE 9-20-2010

Name GABRA AML AMIN
Last First Middle Maiden

Present address 2015 4th ST NW Apt/F.20 Rochester MN 55901
Number Street City State Zip

How long 1 year Social Security No. 448-55-0361

Telephone (507) 289-7716

If under 18, please list age N/A

Referred by Friend

Position applied for (1) packaging
and salary desired (2) \$8 hour
(Be specific)

Days/hours available to work
No Pref _____ Thur ✓
Mon ✓ Fri ✓
Tue ✓ Sat ✓
Wed ✓ Sun ✓

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

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

When available for work? immediately

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>Heliopolis</u>	<u>Egypt - CAIRO</u>	<u>3 years</u>	<u>Math and Science</u>
College	<u>Institute of Secretary</u>	<u>Egypt - CAIRO</u>	<u>2 years</u>	<u>Secretary Diploma</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. _____

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 _____	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.

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 AML GABRA Date: 9-20-2010



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 6-20-2010

Name GABRA, AML A.
Last First Middle Maiden

Present address 2015 41st Street Rochester MN MN 55901
Number Street City State Zip

How long Since Nov 2009 Social Security No. 468 - 55 - 0964

Telephone (57) 289-7716 Conversational yes no

If under 18, please list age N/A Referred by walk-in

Position applied for (1) Food Packaging Days/hours available to work
 and salary desired (2) \$ 8 / HR
(Be specific) No Pref _____ Thur Am
 Mon Am Fri Am
 Tue Am Sat Am
 Wed Am Sun Pm

How many hours can you work weekly? 40 HRS Can you work nights? No

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

When available for work? Immediately

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>Heliopolis High School</u>	<u>Cairo - Egypt</u>	<u>3 years</u>	<u>Science & Math</u>
College				
Bus. or Trade School	<u>Institute of Secretary</u>	<u>Cairo - Egypt</u>	<u>two years</u>	<u>Secretary</u>
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. _____

NONE

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

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

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	Employment dates	Pay or salary
	From	Start
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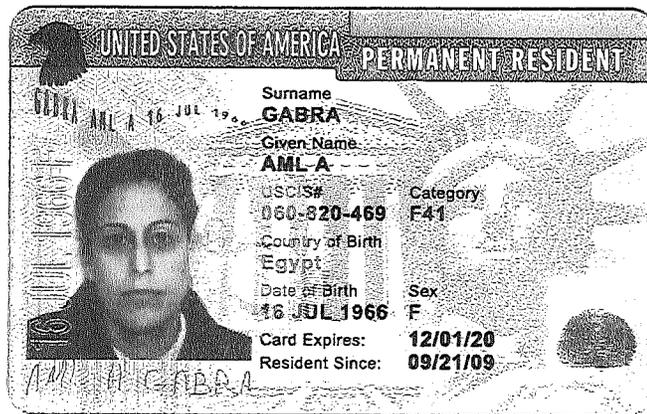
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. 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 AMI A GABRA Date: 6-20-2010

file

Came by w/new cards
enter OMC Time & file



Aml Gabra

09/22/2010

Preliminary Questions

1. We run background studies on all employees-do you have any issues with this? No
2. What kind of work experience do you have? Cook
3. Are you legal to work in the United States? Yes
4. Do you have documentation? Yes
5. Are you able to work with pork? Yes
6. Are you allergic to peanuts? No
7. Are you able to work in a wet and cold environment? Yes
8. How did you hear about Reichel Foods? Friend
9. Worked in a warehouse before? Yes
10. Do you have reliable transportation? Yes
11. What shift are you looking? Any