

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/01/2011  
Page: 1 of 1

Case Verification Number: 2011244134220YX

**Case Information:****Employee Information:**

Last Name:	Ham	First Name:	Khoeun
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3576	Date of Birth:	07/05/1960
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
Document Name:	Driver's license	Document State:	Minnesota
Driver's License or ID Card Number:		Document Expiration Date:	07/05/2015
Alien Number:	025399929	I-94 Number:	

**Additional Information:**

Hire Date:	08/29/2011	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ESAG6409	Submitted On:	09/01/2011

**Initial Case Result:**

Last Name (in DHS records):	HAM	First Name (in DHS records):	KHOEUN
Case Result:	Employment Authorized		

**Employee Referred to SSA:**

Referred By:	Referred On:
--------------	--------------

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:	Response Date:
--------------	----------------

**Resubmitted to SSA (after Review and Update Employee Data):**

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

**Case Result from SSA (after Resubmission):**

Case Result:
--------------

**Request Name Review:**

Comments:	
Submitted By:	Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result:	Response Date:
--------------	----------------

**Employee Referred to DHS:**

Referred By:	Referred On:
--------------	--------------

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:	Response Date:
--------------	----------------

**Photo Matching Results:**

Determination:
----------------





## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-5** DATE 8/27

Name Ham khoeun  
Last First Middle Maiden

Present address 2024 50<sup>th</sup> St. NW Rochester MN 55901  
Number Street City State Zip

How long \_\_\_\_\_ Social Security No. 469-02-3576

Telephone (507) 398-7453

If under 18, please list age \_\_\_\_\_ Referred by Chan Muth

Position applied for (1) 3<sup>rd</sup> shift Days/hours available to work  
 and salary desired (2) 9.00 No Pref  Thur \_\_\_\_\_  
 (Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? 40+ Can you work nights? Overnight

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

When available for work? 1<sup>st</sup> opening

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				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes At II

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? Drive  
Driver's license number V142283313307 State of issue MN  
Operator  Commercial (CDL)  Chauffeur   
Expiration date 7.5.2015  
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 _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

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.

Empty space for additional information.

**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>Saint Maris Hospital</u>	Supervisor name <u>Perry Page</u>	
Position <u>Food Service</u>	Employment dates	Pay or salary
Company <u>Mayo Clinic</u>	From <u>Oct. 99-</u>	Start <u>9.58</u>
Address <u>214 St. SW</u>	To <u>Mar. 11</u>	Final <u>16.62</u>
Telephone <u>(201) 355-9498</u>	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.

*customer service  
 serving lunch/dinner to visitors  
 setting up food line / breaking down food lines  
 cleaning  
 Temperature food take*

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.

**APPLICATION FOR EMPLOYMENT**

**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 _____		
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
	From	Start
	To	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.		

Who were you referred by? Chan Muth

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? Mary Van

**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: 8/27

