



## Case Verification Number: 2021216141053GE

Report prepared: 08/04/2021

### Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

### Employee Information

Name: Ovmouy Heng

Date of Birth: 11/18/1991

U.S. Social Security Number: \*\*\*-\*\*-8418

Employee's First Day of Employment: 08/04/2021

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A066851923

### Document Information

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

Document Subtype: Driver's License

Document Number: \*\*\*\*\*6700

Expiration Date: 11/30/2021

State: Minnesota

List C Document: Social Security Card

### Case Information

Case Status: Closed

Case Submitted By: Kelly Sutton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

# CORPORATE MANAGEMENT GROUP

## Employment Application

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902



### Applicant Information

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

Please fully complete pages 1-3

Full Name: (Last Name, First Name) HENG OUMOUY Date: \_\_\_\_\_  
 Address: (Street Address) 4011 Katie Ln NW (Apt./Unit #) \_\_\_\_\_  
 (City) Rochester (State) MN (ZIP Code) 55901  
 Phone: 507-696 5698 Email: oumouyheng1991@gmail.com  
 Social Security No. 895 25 8118 Date Available: \_\_\_\_\_  
 Position Applied for: assembly line N Desired Salary: ~~15~~ 15.60  
 Shift Available to work:  1<sup>st</sup> ~~2<sup>nd</sup>~~  3<sup>rd</sup> Employment desired:  Full-Time  Part-Time  
 Are you authorized to work in the U.S.?  Yes  No  
 How did you hear about us? my husband Referral Name: Theng Mao  
 If under 18, please list age: \_\_\_\_\_

Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?  No  Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	Bunrany Hun Sen high school	Cambodia	2003-2009	
College	Royal university of phnom penh	Cambodia	2009-2013	
Bus. Or Trade School				
Professional School				

**CORPORATE MANAGEMENT GROUP**



**Employment Application**

Office Hours: 9am-4pm Mon-Thur, 9am-3pm Fri

Office Number: 507-923-4955

Office Address: 3707 Commercial Dr. SW Rochester, MN 55902

**Previous Employment**

Company: Mcneilus truck and manufacturing Phone: 507 374 6321

Address: 524 East Highway st Dodge center Supervisor: Chuck Tindle

Job Title: assembler Starting Salary: \$ 15 Ending Salary: \$ 15.66

Responsibilities: Be on time, work hard

From: May 2019 To: May 2021 Reason for Leaving: pursue for a better opportunity.

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for reference?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Employment Application

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### 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 Heng Oumouy Date: \_\_\_\_\_

# TEMPORARY LICENSE



Minnesota Department of Public Safety  
Driver and Vehicle Services Division

445 Minnesota Street, Suite 175, Saint Paul, Minnesota 55101  
Phone: 651-297-3298 TTY: 651-282-6555  
[dvs.dps.mn.gov](http://dvs.dps.mn.gov)



DL/ID #: **W000-021-206-700**  
TEMPORARY CREDENTIAL EXPIRATION  
**30-Nov-2021**  
DATE OF BIRTH  
**18-Nov-1991**

## APPLICANT INFORMATION

APPLICATION DATE 02-Aug-2021

APPLICATION NAME HENG, OVMOUY

## CREDENTIAL INFORMATION

Name	HENG, OVMOUY	Date of Birth	18-Nov-1991
DL/ID Number	W000-021-206-700	Height	5ft 1in
Residence Address	4011 KATIE LN NW ROCHESTER MN 55901-1368	Eye Color	Brown
Card Mailed To	4011 KATIE LN NW ROCHESTER MN 55901-1368	Sex	Female
Station Location	155 Rochester II	Weight	110 lbs.
Credential Type	Standard ID	Organ Donor	No
Card Type	DL Class D	Veteran	No
Endorsements	None		
Restrictions	None		
License Indicators	None		



Heng OVMOUY

**THIS DOCUMENT IS FOR THE TYPE OF CARD  
INDICATED UNTIL THE EXPIRATION DATE  
LISTED ABOVE.**

- This document is void if the applicant is not in compliance with all restrictions indicated on the record.

**THIS IS NOT A STAND-ALONE IDENTIFICATION  
DOCUMENT**

**VALID FOR DRIVING PRIVILEGES IF THE  
RECORD INDICATES**

## CONTACT US

Visit [dvs.dps.mn.gov](http://dvs.dps.mn.gov) to:

- Check the status of your driving privileges
- Schedule a road test

Driver's License Questions	651-297-3298
License Status, available 24/7	651-284-1234
DVS Locations	651-297-2126
Motor Vehicle Questions	651-297-2126
TDD/TYY	651-282-6555