

FAXED on: 8/17/09
 by: EA

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/06/2009
Page: 1 of 1

Case Verification Number: 2009218135158GU

Initial Verification:

| | | | |
|-----------------------------------|--|-----------------------|------------------------------|
| Last Name: | Tran | First Name: | Ngoc |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 603-58-6183 | Date of Birth: | 03/20/1974 |
| Hire Date: | 08/06/2009 | Citizenship Status: | Citizen of the United States |
| Alien Number: | | I-94 Number: | |
| Passport or Passport Card Number: | 451276044 | Visa Number: | |
| Document Type: | Unexpired U.S. Passport or Passport Card | Doc. Expiration Date: | 01/12/2019 |
| Initiated By: | ESAG6409 | Initiated On: | 08/06/2009 |

Initial Verification Results:

Initial Eligibility: EMPLOYMENT AUTHORIZED

SSA Referral:

Referral By: _____ Referral Date: _____

Verification Response:

Eligibility: _____ Response Date: _____

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: _____

DHS Referral:

Referral By: _____ Referral Date: _____

DHS Referral Results:

Eligibility: _____ Response Date: _____

Case Resolution:

| | | | |
|-----------------|---------------------|--------------|------------|
| Resolve Option: | Resolved Authorized | Resolved On: | 08/06/2009 |
| Resolved By: | ESAG6409 | | |

SENSITIVE BUT UNCLASSIFIED



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 7-27-09

Name ^{Last} TRAN ^{1st} NBOC THAO
Last First Middle Maiden

Present address 1525 4th Ave SE MA3 ROCHESTER MN. 55904
Number Street City State Zip

How long 3 years Social Security No. 603-58-6183

Telephone (507) 226-1223

If under 18, please list age: _____ Referred by FRIEND

Position applied for (1) OPEN Days/hours available to work
 and salary desired (2) OPEN
 (Be specific) No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? OPEN Can you work nights? YES

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

When available for work? ASAP

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

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. _____

8/5/09
 EL

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>ROCHESTER ROCHESTER MEATS</u> | | Supervisor name <u>LEANN AMACK</u> | |
| Position <u>PACKER</u> | | | |
| Company <u>ROCHESTER MEATS</u> | | Employment dates | Pay or salary |
| Address <u>1725 7th St NW</u> | | From <u>2-14-93</u> | Start <u>6⁰⁰</u> |
| <u>ROCHESTER MN. 55901</u> | | To <u>7-8-09</u> | Final <u>13¹⁹</u> |
| Telephone <u>(507) 529-4700</u> | | Your last job title <u>PACKER / BOXER</u> | |
| Reason for leaving (be specific) <u>MISUNDERSTANDING</u> | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. | | | |

| | | | |
|--|--|-----------------------|---------------|
| Name _____ | | Supervisor name _____ | |
| Position _____ | | | |
| Company _____ | | Employment dates | Pay or salary |
| Address _____ | | From | Start |
| Telephone (____) _____ | | 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. | | | |

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 B552064741512 State of issue MN.

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 03-20-2011

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

_____ WPM

Personal Computer ___ Yes ___ No

___ PC ___ Mac

10-key ___ Yes ___ No

Word Processing ___ Yes ___ No

_____ WPM

Other _____

Skills _____

Please list two references other than relatives or previous employers.

Name HENRY DO

Position WELDER

Company CLEMO

Address 1600 4TH AVE NW

ROCHESTER MN 55901

Telephone (507) 289-3371

Name TUNG NGUYEN

Position FOOD SERVICE

Company MAYO CLINIC

Address 200 SW 1ST

ROCHESTER MN 55905

Telephone (507) 284-2511

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.

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 _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____ | Employment dates | Pay or salary | From _____ | Start _____ | To _____ | Final _____ |
|--|---|------------------|---------------|------------|-------------|----------|-------------|
| Employment dates | Pay or salary | | | | | | |
| From _____ | Start _____ | | | | | | |
| To _____ | Final _____ | | | | | | |
| 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 _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Employment dates</th> <th style="width:50%;">Pay or salary</th> </tr> <tr> <td>From _____</td> <td>Start _____</td> </tr> <tr> <td>To _____</td> <td>Final _____</td> </tr> </table> Your last job title _____ | Employment dates | Pay or salary | From _____ | Start _____ | To _____ | Final _____ |
|--|---|------------------|---------------|------------|-------------|----------|-------------|
| Employment dates | Pay or salary | | | | | | |
| From _____ | Start _____ | | | | | | |
| To _____ | Final _____ | | | | | | |
| 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? Felino

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did? _____

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

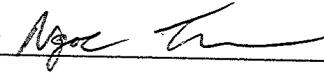
I agree that:

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: 7/27/09

DRIVER'S LICENSE



B552064741512

NGOC THAO TRAN
1525 4TH AVE SE APT #3
ROCHESTER, MN 55904

Date of Birth 03-20-1974
Sex F Eyes BLK Class D
Height 5-3 Weight 130
ISSUED 12-2007 EXPIRES 03-20-2011

SOCIAL SECURITY

603-58-6183

THIS NUMBER HAS BEEN ESTABLISHED FOR
NGOC THAO TRAN

Ngoc Thao Tran
SIGNATURE