

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 05/08/2008  
Page: 1 of 1

Case Verification Number: 2008129152116ZU

**Initial Verification:**

Last Name:	Lam	First Name:	Duc
Middle Initial:		Maiden Name:	
Social Security Number:	729-12-1213	Date of Birth:	07/10/1963
Hire Date:	05/08/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	057746350	I-94 Number:	
Card Number:	WAC0804850454		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	05/08/2008

**Initial Verification Results:**

Last Name:	LAM	First Name:	DUC
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

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:
Initiated By:	Initiated On:

**Resubmittal Verification Results:**

Eligibility:

**Additional Verification:**

Comments:	Initiated On:
Initiated 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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**Case Resolution:**

Resolve Option:	Resolved Authorized	Resolved On:	05/08/2008
Resolved By:	ESAG1816		





## Safety Equipment Acknowledgement

DUC H LAM  
Employee Name (Please print)

05-08-08  
Date

Upon acceptance of assignment from CMG, I may be issued the safety equipment indicated below.

I understand that proper use of this equipment is mandatory and failure to comply will result in disciplinary action up to and including termination.

I authorize CMG to make a payroll deduction equal to the replacement cost of any safety equipment that is lost or destroyed due to negligence.

Upon my termination, resignation, or end of my assignment, I authorize CMG to deduct any cost for safety equipment that has not been returned by the first Monday following my last day of work.

### EQUIPMENT ISSUED:

- SAFETY GLASSES
- EAR PLUGS
- TIMECARD
- SAFETY SHOES
- RESPIRATORS
- HARD HAT
- OTHER \_\_\_\_\_

Rules and procedures with regard to use and care of this equipment, including replacement because of wear, damage or loss have been explained to me. I understand them and agree to follow rules and procedures fully.

Duc Lam  
Employee Signature

05-08-08  
Date

Megan Sage  
CMG On-Site Manager

05-08-08  
Date

# ACKNOWLEDGMENT

The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my *CMG* Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my *CMG* Consultant.

Date: 5-8-08

Associate's Signature: Duelan

Associate's Name (printed) Duc H-Lam

Social Security #: 729-12-1213

Orientation provided by: M. Page



## New Hire Checklist

Employee Name

Duc Lam

(Please print)

Expected start date: 5/9/08

	<u>Date given</u>	<u>Date returned</u>
CMG Employee Handbook Acknowledgment	<u>5/8/08</u>	<u>Same</u>
CMG Confidentiality Agreement	<u>5/8/08</u>	<u> </u>
Employment Application	<u>5/2/08</u>	<u> </u>
Application Form Waiver	<u>5/2/08</u>	<u>↓</u>
Direct Deposit Form	<u>          </u>	<u>          </u>
W-4 Form	<u>5/8/08</u>	<u>Same</u>
I-9 Form	<u>5/8/08</u>	<u> </u>
Employee Information Sheet	<u>5/8/08</u>	<u> </u>
Medical Benefits Information	<u>5/8/08</u>	<u> </u>
Safety Training Form	<u>5/8/08</u>	<u>↓</u>

On-site Manager: \_\_\_\_\_  
Please print

## PERSONNEL FILE PROCEDURES CHECKLIST

- COPY OF BENEFITS (MEDICAL ENROLLMENT FORM/DIRECT DEPOSIT)
- COPY OF APPLICATION/RESUME
- COPY OF W-4
- SIGNED HANDBOOK ACKNOWLEDGEMENT
- PERFORMANCE EVALUATION DOCUMENT
- WARNINGS/EMAILS RE: DISCIPLINARY ACTION
- DOCUMENTS RE: EMPLOYEE'S DEPARTURE FROM CMG
- POSITION/JOB DESCRIPTION ON INFO SHEET
- EMERGENCY CONTACTS ON INFO SHEET

### IN CMGTIME "NOTES":

- ATTENDANCE
- WRITE-UPS
- ORIENTATION ATTENDANCE
- TRAINING COURSES COMPLETED
- RAISES (DATES & AMOUNTS) **verify corporate has entered**
- RESULTS OF PERFORMANCE EVALUATION
- WARNINGS/PERFORMANCE IMPROVEMENT PLANS
- ANY & ALL CHANGES (i.e., contact info, marital status, job changes, deductions, I-9, Driver's License, W-4, INSURANCE etc.)