

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/24/2011

Page: 1 of 1

Case Verification Number: 2011144170459MX

Initial Verification:

| | | | |
|-------------------------|--|-----------------------|-----------------------------|
| Last Name: | Khit | First Name: | Chanthy |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | *** ** 5281 | Date of Birth: | 12/02/1979 |
| Hire Date: | 05/24/2011 | Citizenship Status: | A lawful permanent resident |
| Alien Number: | 058214296 | I-94 Number: | |
| Card Number: | WAC0726154462 | | |
| Document Type: | Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | Doc. Expiration Date: | |
| Submitted By: | KSIK1977 | Submitted On: | 05/24/2011 |

Initial Verification Results:

| | | | |
|----------------------|---|--------------|------------|
| Last Name: | KHIT | First Name: | CHANTHY |
| |  | Expire Date: | INDEFINITE |
| 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: |
| Submitted By: | Submitted On: |

Resubmittal Verification Results:

| |
|--------------|
| Eligibility: |
|--------------|

Additional Verification:

| | |
|---------------|---------------|
| Comments: | |
| Submitted By: | Submitted On: |

Verification Response:

| | |
|--------------|----------------|
| Eligibility: | Response Date: |
|--------------|----------------|

DHS Referral:

| | |
|--------------|----------------|
| Referral By: | Referral Date: |
|--------------|----------------|

DHS Referral Results:

| | |
|--------------|----------------|
| Eligibility: | Response Date: |
|--------------|----------------|

Photo Matching Results:

| |
|----------------|
| Determination: |
|----------------|

Additional DHS Referral:

Referral By: _____ Referral Date: _____

Additional DHS Referral Results:

Eligibility: _____ Response Date: _____

Case Resolution:

Resolve Option: The employee continues to work for the employer after receiving an Employment Authorized result.
Resolved By: KSIK1977 Resolved On: 05/24/2011

SENSITIVE BUT UNCLASSIFIED

4-13-10



Will put on Standby

Call in am-

1pm



does not speak enough English

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 03/28/2011

Name Khit Chanthy
Last First Middle Maiden

Present address 2706-62nd St. NW. Rochester MA 55901
Number Street City State Zip

How long 5 years Social Security No. 473 - 47 - 5281

Telephone (507) 252-1866 206-1107

If under 18, please list age _____ Referred by RECHEL Poun Yan (mom)

Position applied for (1) line Days/hours available to work
and salary desired (2) _____
(Be specific) 1st 3rd swift Mon Fri
No Pref _____ Thur _____
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? Anytime

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 |
|----------------------|-----------------|-------------------------------------|---------------------------|----------------|
| <u>ESL</u> | <u>HARTHORN</u> | | | |
| 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. _____

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 <u>SEMCI</u> | Supervisor name _____ | |
| Position <u>PCA</u> | Employment dates | Pay or salary |
| Company <u>Southern MN Center</u> | From <u>May - 2009</u> | Start |
| Address <u>2720 N. Broadway</u> <u>Rochester MN 55906</u> | To <u>Present</u> | Final <u>\$11.25 hour -</u> |
| Telephone <u>(507) 285-1815</u> | Your last job title <u>This part time job - 3 hours a day</u> | |

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

Charity Kirt

Date: 3-28-11

DRIVER'S LICENSE



L662194346814

CHANTNY KHIT
2708 62ND ST NW
ROCHESTER, MN 55901

Date of Birth 12-02-1979
Sex F
Eyes BRN
Class D
Height 5-6
Weight 140

ISSUED 09-2009 EXPIRES 12-02-2013

Chantny Khit

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

073-4755281

MINISTRIES

CHANTNY KHIT

Chantny Khit

SIGNATURE