



Case Verification Number: 2020133152609HK

Report prepared: 05/12/2020

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: Sokhavy Ly

Date of Birth: 07/02/1961

U.S. Social Security Number: ***-**-6336

Employee's First Day of Employment: 05/12/2020

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A067227019

Document Information

List A Document: Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Document Number: IOE0540540572

Case Information

Case Status: Closed

Case Submitted By: Sierra Peterson

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) Ly Sokhavy Date: 05/12/2020

Address: (Street Address) 208 18th ST SE (Apt. /Unit #) _____

(City) Rochester (State) MN (ZIP Code) 55904

Phone: 507 250 5519 Email: Sachchata-meas@yahoo.com

Social Security No. 728 70 6336 Date Available: 03/05/2020

Position Applied for: Assembly line Desired Salary: _____

Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time

Are you authorized to work in the U.S.? Yes No

How did you hear about us? Friends Referral Name: Poun Yan, Chanthy Khit

If under 18, please list age: _____

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

18th SOUTH WEEKENDS.

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>Chea Sim</u>	<u>Phnom Penh Cambodia</u>	<u>12</u>	<u>Diploma</u>
College	<u>Ministere de la Sante</u>	<u>Phnom Penh Cambodia</u>	<u>3</u>	<u>Associate</u>
Bus. Or Trade School				
Professional School				

CORPORATE MANAGEMENT GROUP



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Office Number: 507-923-4955

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

Previous Employment

Company: China Friend Preah Kossumak Phone: + 855 23 223 047

Address: ST 265, Phnom Penh, Cambodia Supervisor: Sokhum Tan

Job Title: Nurse Starting Salary: \$ 10 Ending Salary: \$ 12

Responsibilities: Taking care patients

From: 1993 To: 02/2010 Reason for Leaving: moving to United State

May we contact your previous supervisor for reference? Yes No

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

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

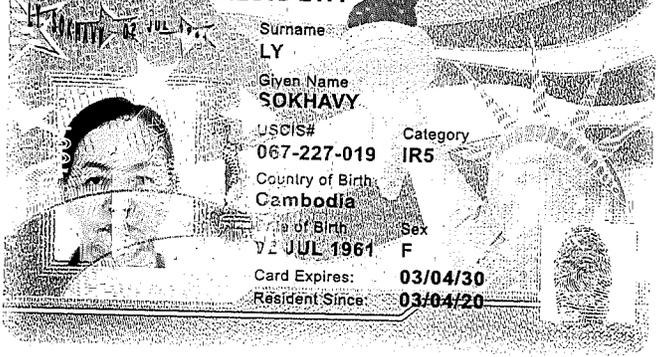
May we contact your previous supervisor for reference? Yes No

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: _____

UNITED STATES OF AMERICA
PERMANENT RESIDENT



Surname
LY

Given Name
SOKHAVY

USCIS#
067-227-019

Category
IR5

Country of Birth
Cambodia

Date of Birth
12 JUL 1961

Sex
F

Card Expires: 03/04/30

Resident Since: 03/04/20

Account Information Slip / Volante de Datos de Cuenta

Step 1: Complete the following information

Paso 1: Completa los siguientes datos

First Name / Nombre:

Last Name / Apellido:

Employee ID Number / Número de Empleado:

Step 2: Remove this slip at the perforation and provide to your employer

Paso 2: Desprende este volante en el perforado y entrégalo a tu empleador.

Note: You will not need the numbers below once this slip is provided to your employer.

Nota: Una vez que hayas entregado este volante a tu empleador, no necesitarás los números que aparecen a continuación.

For Employer Use Only / Para uso del empleador solamente:

ABA Routing Number: / Núm. de ruta ABA: 067011294

Account Number: / Núm. de cuenta: 943210880050669

Consulta tu saldo de tres maneras sencillas:

- Por correo electrónico o mensaje de texto¹. Visítanos por Internet o llama al Servicio al Cliente e inscríbete para recibir notificaciones automáticas diarias o semanales de tu saldo.
- Por Internet. Ingresa en tu Cuenta por Internet.
- Por teléfono. Escucha tu saldo llamando al Servicio al Cliente.

¹ Es posible que tu compañía de servicio celular aplique tarifas estándar u otros cargos por la recepción de mensajes de texto.

Cómo usar los Cheques Money Network™.

- Aun si no quieres usar la Tarjeta de pago, activa la Cuenta para poder usar los Cheques adjuntos. Puedes emitir un Cheque a tu nombre cada día de pago y cobrarlo gratis en los centros participantes para obtener el 100% de tu salario sin cargo alguno. Si deseas obtener más información sobre cómo usar los Cheques, lee la Guía del usuario adjunta.

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MN_BOA_VISA_EFO 11.27.12

Name: Sokhavy Ly
Date: 05/12/2020

Achoo! By Cynthia Sherwood

****Read the story and answer the multiple choice questions below ****

Achoo! We all sneeze sometimes. Sneezing is a reflex that your body does automatically. That means you cannot make yourself sneeze or stop one once it has started. When you sneeze, your body is trying to get rid of bad things in your nose, such as bacteria. You have extra germs when you have a cold, so you sneeze a lot more. You might also sneeze when you smell pepper!

Inside your nose, there are hundreds of tiny hairs. These hairs filter the air you breathe. Sometimes dust and pollen find their way through these hairs and bother your nasal passages. The nerves in the lining of your nose tell your brain that something is invading your body.

Your brain, lungs, nose, mouth and the muscles of your upper body work together to blow away the invaders with a sneeze. When you sneeze, germs from your nose get blown into the air. Using a tissue or "sneezing into your sleeve" captures most of these germs. It is very important to wash your hands after your sneeze into them, especially during cold and flu season.

Do you ever sneeze when you walk into bright sunlight? Some people say that happens to them often. Scientists believe the UV rays of the sun irritate the nose lining of these people, so they sneeze.

If someone nearby sneezes, remember to tell them. "Gesundheit!" that is a funny-looking word which is pronounced "gezz-ooht-hite." It is the German word that wishes someone good health after sneezing.

1. Why do people sneeze?
 - a. The tiny hairs in your nose tickle
 - b. Your body is trying to get rid of bad things
 - c. You can make yourself sneeze when you want to
2. What are the 3 parts of your body that work together with your upper body to sneeze?
 - a. Hand, Elbow, Shoulder
 - b. Ankle, Knee, Hip
 - c. Brain, Lungs, Mouth
3. What other things can make you sneeze?
 - a. Pepper, Sun, Dust, and Pollen
 - b. Water, Pop, Flowers, Trees
 - c. Salt, Seasonings, Meat, Fruit
4. What is a German word that people often say to someone that sneezes?
 - a. Good Job
 - b. Gesundheit
 - c. Hang in there
5. What should you do after your sneeze into your hands especially during cold and flu season? (This should also be done in the production area!)
 - a. Wipe them with a tissue
 - b. Nothing
 - c. Wash your hands



New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG / Reichel Foods Handbook

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://nhov2.esgazure.com/login/cmgi>

Login Name: Sokhary

Login Password: Alyssa123@

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: AS **Date:** 05/12/2020



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <u>Ly</u>		First Name (Given Name) <u>Sokhavy</u>		Middle Initial	Other Last Names Used (if any) N/A	
Address (Street Number and Name) <u>208 18th ST SE</u>			Apt. Number	City or Town <u>Rochester</u>		State <u>MN</u>
Date of Birth (mm/dd/yyyy) <u>07/02/1961</u>		U.S. Social Security Number <u>728-70-6336</u>		Employee's E-mail Address N/A		Employee's Telephone Number <u>507 250 3519</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ OR	QR Code - Section 1 Do Not Write In This Space 
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

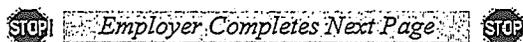
Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification: (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator <u>Sacheda</u>		Today's Date (mm/dd/yyyy) <u>05/12/2020</u>	
Last Name (Family Name) <u>Som</u>		First Name (Given Name) <u>Sacheda</u>	
Address (Street Number and Name) <u>208 18th ST SE</u>		City or Town <u>Rochester</u>	State <u>MN</u>
		ZIP Code <u>55906</u>	



Minnesota/Federal W-4 Information

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

Minnesota W-4 Information-

Choose your filing status (mark one):

Single; Married, but legally separated; or Spouse is a nonresident alien

Married

Married but withhold at higher Single rate

Exempt? Yes No

Total Number of Minnesota allowances: 0

I certify that all information provided above is correct. I understand there is a \$500 penalty for filling or false withholding allowance/exemption certificate.

I have read and agree SL (initial)

Federal W-4 Information-

Exempt? Yes No

Choose your filing status (mark one):

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

Head of Household (check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Total Number of Federal allowances: 0

If you would like to fill out the complete Minnesota or Federal W-4 form, please let your interviewer know.

Would you like to receive your W-2 statement electronically via email? If so, please list your email below, if not, leave blank.

Email: Sochedta - meas@yahoo.com

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Employee Name: Sokhavy Ly
Employee Phone Number: 507 250 5519, 507 250 5537
Employee Address: 202 18th ST SE Rochester, MN 55904

Emergency Contact – Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Socheda Sorn

Relationship: daughter

Phone Number: 507 250 5537

Contact # 2

Name: Phanan Sorn

Relationship: Son in-law

Phone Number: 507 250 5519

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.