

FAXED on: 11
by:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/29/2007
Page: 1 of 1

Case Verification Number: 2007302144600ZT

Initial Verification:

Last Name:	Sin	First Name:	Bonna
Middle Initial:		Maiden Name:	Ouk
Social Security Number:	468-98-9176	Date of Birth:	07/07/1962
Hire Date:	10/26/2007	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	025336575	I-94 Number:	
Card Number:	AAA0000000000		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	LNOD0884	Initiated On:	10/29/2007

Initial Verification Results:

Last Name:	OUK	First Name:	BONNA
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 By:	Initiated On:

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 By:	LNOD0884	Resolved On:	10/29/2007

SENSITIVE BUT UNCLASSIFIED

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR

468-98-9176

SAMETH SIN

Sameth Sin

SIGNATURE

01/10/2008

MINNESOTA

DRIVER'S LICENSE

SAMETH SIN
 1309 50TH ST NW
 ROCHESTER, MN 55901

Date of Birth 07-07-1962
 Sex F
 Eyes BRN
 Class D

Height 5-5
 Weight 100

ISSUED 07-2008 EXPIRES 07-07-2012

Sameth Sin

D554055434014

ALIEN REGISTRATION RECEIPT CARD
PERSON IDENTIFIED BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25336575	11	99	265	102	58331
A NUMBER	ISS/T	CK	M 1	M 2	PARITY 1
6217	14607	00707	47362	41612	
PBD	IDW 1	IDW 2	IDW 3	PARITY 2	
051082	201	078	15200	8865896	
ADM/ADJ DATE	COB	ISS CODE	SOUNDEX	PARITY 3	

MINIMUM OF ENGLISH AND FRENCH

FORM I-551 JAN. 77

RESIDENT ALIEN

0UK-BONNA



070762 RT

A25336575

SPM REG

Bonn OUK

1/24/08
RL

MINNESOTA DRIVER'S LICENSE

BRN	5-5	100	F	D	G4	07-07-08
<small>EYES</small>	<small>HEIGHT</small>	<small>WEIGHT</small>	<small>SEX</small>	<small>CLASS</small>	<small>RESTRICTIONS</small>	<small>EXPIRES</small>

07-07-1962
BIRTH DATE



S-500-095-014-539

BONNA SIN
1309 50TH ST NW
ROCHESTER, MN 55901

Bonna Sin

Work Experience

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Textile Care Services Phone (507) 288-1861
Address 225 Woodlake Dr SE Supervisor Mr. Paul
Reason for leaving (be specific) Lay OFF
Position/Duties: laundry length of employment 11 years
 salary \$ 11.50 per hr

Name of employer Pace Dairy Foods Phone (507) 288-6315
Address 2700 Valleyhigh Dr NW Supervisor
Reason for leaving (be specific) on temporary
Position/Duties: Putting Cheese in Boxes length of employment 11 yrs
 salary 9.00 per hour

Name of employer Lakeside Foods Phone ()
Address Supervisor
Reason for leaving (be specific) lay off - too far 1 yr.
Position/Duties:

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER



Safety Equipment Acknowledgement

Sameth Sin
Employee Name (Please print)

1-24-08
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.

Sameth Sin
Employee Signature

1-24-08
Date

Margo Daje
CMG On-Site Manager

1-24-08
Date

1025



It is necessary for us to have current information readily available to the supervisor where you are working and also in your employee file. **Thank you for your cooperation. We appreciate you!**

Sameth Sin
Your Name

1309 50th St. NW Apt#
Your Address

Rochester, MN 55901
Your City, State, Zip Code

(507) 281-2096
Your Telephone Number

EMERGENCY CONTACT INFORMATION

Rosle Ouk / Vanny Sin
Name

daughter / husband
Relationship

1309 50th St. NW
Address

Rochester, MN 55901
City, State, Zip Code

(507) 281-2096
Telephone Number

(507) 271-8957
Alternate Telephone Number

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: 1-24-08

Associate's Signature: Sameth Sin

Associate's Name (printed) Sameth Sin

Social Security #: 468-98-9176

Orientation provided by: Quincy Jago