

## SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/22/2013  
Page: 1 of 1

Case Verification Number: 2013022112528XW

**Case Information:**

**Employee Information:**

Last Name:	Shine	First Name:	Chaw
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 5540	Date of Birth:	04/03/1991
Citizenship Status:	A lawful permanent resident		

**Document Information:**

List A Document:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
Card Number:	SRC1304551376	Document Expiration Date:	
Alien Number:	062507764	I-94 Number:	

**Additional Information:**

Hire Date:	01/22/2013	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	ACOR9642	Submitted On:	01/22/2013

**Initial Case Result:**

Last Name (in DHS records):	SHINE	First Name (in DHS records):	CHAW
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Document Expiration Date (in DHS records): INDEFINITE

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By:	Referred On:
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**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result:	Response Date:
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**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:	Submitted On:
Submitted By:	

**Case Result from DHS (after DHS Verification in Process):**

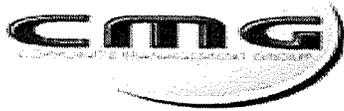
Case Result:	Response Date:
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**Employee Referred to DHS:**

Referred By:	Referred On:
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**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:	Response Date:
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# Disciplinary Report Form

<b>Employee name:</b> Chaw Shine	<b>Hire Date:</b> 2/6/13	<b>Job title:</b> Production
<b>Department:</b> QA Production	<b>Shift:</b> 2st	<b>Supervisor:</b> Kendra
<b>Offense track:</b> <input checked="" type="checkbox"/> Performance issue <input type="checkbox"/> Work rule violation, <b>Work rule violated, if any:</b>		
<b>Type of offense:</b> <input checked="" type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Misuse of property/equipment <input type="checkbox"/> Using property/equipment for personal use <input type="checkbox"/> Leaking confidential information <input type="checkbox"/> Theft or fraud <input type="checkbox"/> Lying or cheating <input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Unsafe behavior <input type="checkbox"/> Eating in undesignated areas <input type="checkbox"/> Smoking in undesignated areas <input type="checkbox"/> Posting items without permission <input type="checkbox"/> Spreading gossip <input type="checkbox"/> Using vulgar language <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior <input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Failing to follow instructions <input type="checkbox"/> Poor work quality <input type="checkbox"/> Poor work quantity <input type="checkbox"/> Refusing to work <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Disregarding dress code <input type="checkbox"/> Other <input type="checkbox"/> Disruption in the work place <input type="checkbox"/> Threatening or creating conflict w/ coworkers		
<h2 style="font-size: 2em;">Absenteeism</h2>		
<b>Incident description:</b> (Describe actions, behavior, or incident; date(s); time(s); place(s); witness(es) and his/her observations; impact(s) of actions, behavior, or incident; employee's responses immediately after the incident and other significant conversations; employee's previous related training or counseling; and other relevant facts.)		
<p style="font-size: 1.2em;">Unexcused Absence from work 5/16/16</p>		
<b>Completed by:</b> Garrison Lenz	<b>Date:</b> 5/18/16	
<b>(Shaded area to be completed by Human Resources only.)</b>		
<b>Progressive step:</b> <input type="checkbox"/> Oral warning* <input type="checkbox"/> Suspension (unpaid) <input type="checkbox"/> Written reprimand <input type="checkbox"/> Release <input type="checkbox"/> Suspension (paid) *File apart from personnel files and copies thereof	<b>Previous warnings:</b> Type: Offense: Date: Type: Offense: Date: Type: Offense: Date: 4/14/16 - verbal 2/4/16 - verbal 1/11/16 - verbal 11/4/15 - Note 9/22/15 - Note/Tardy 7/13/15 - Note 5/22/15 - verbal	
<p style="font-size: 1.2em;">Written Warning</p>		
<b>Consequence if incident occurs again:</b>		
<p style="font-size: 1.2em;">Final Warning/Assignment End</p>		
<b>Human Resources Signature(s):</b>	<b>Date:</b>	
<b>Employee statement:</b> <input type="checkbox"/> I agree with the incident description above. <input type="checkbox"/> I disagree with the incident description above. <b>Date report presented to employee:</b>		
<b>Employee comments:</b> (Attach sheets if necessary.)		
<h2 style="font-size: 2em;">C</h2>		
<b>Employee acknowledgement:</b> My signature acknowledges that I have received this report and that it has been discussed with me. I understand that my signature is not an admission of the incident or offense. I understand that I may appeal this report by filing a Discipline Complaint Form.		
<b>Employee signature:</b> _____	<b>Date:</b> _____	
<b>Witness signature (if any):</b> _____	<b>Date:</b> _____	
<b>Signature of person presenting report:</b> _____	<b>Date:</b> _____	

**Photo Matching Results:**

Determination:

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**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

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**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

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**Case Closure:**

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

ACOR9642

Closed On:

01/22/2013

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**SENSITIVE BUT UNCLASSIFIED**

UNITED STATES OF AMERICA  
PERMANENT RESIDENT



SHINE CHAW L 03 APR 1991, SHINE  
Surname  
Given Name  
CHAW L

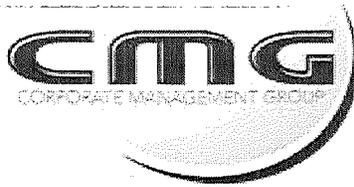
USCIS# 062-507-764  
Country of Birth  
Burma

Date of Birth 03 APR 1991  
Sex F

Category DV3

Card Expires: 12/03/22  
Resident Since: 11/09/12





## New Employee Acknowledgement Form

Welcome to CMG and Reichel Foods!

As a new employee, you will be provided with copies of documents or items listed below. Please initial each line when you receive that particular document or item. Please sign and date the bottom of the sheet when all documents or items have been distributed to you.

Time Off Request Procedure

Time Off Request C.L.S

Attendance Policy

Attendance Policy C.L.S

CMG Benefits

CMG Benefits C.L.S

No Smoking Policy

No Smoking Policy C.L.S

Receipt of Unemployment Acknowledgement

Receipt of Unemployment Acknowledgement C.L.S

Health Insurance Policy

Health Insurance Policy C.L.S

Drug and Alcohol Testing Policy

Drug and Alcohol Testing Policy C.L.S

CMG/Reichel Foods Handbook

CMG/Reichel Foods Handbook C.L.S

Safety Rules

Safety Rules C.L.S

Check Replacement Policy

Check Replacement Policy C.L.S

I hereby acknowledge that I have been provided with each and every item listed above, that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the item or its content then it is my responsibility to address my questions with my supervisor or CMG, 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.

Dated: 01/22/2013

Signature: *Laura*

(Printed Name) *Laura*



# Applicant Interview Score Card

Name Chaw Shune Date of Interview 1/21/2013

Position/Shift Assignment \_\_\_\_\_ Stand by Position \_\_\_\_\_

Rating Weak (1) to Strong (5)

- 1. Understanding of English conversation 1 2 3 4 5
- 2. Speaks English Fluently 1 2 3 4 5
- 3. Work experience related to job-food industry 1 2 3 4 5
- 4. Work history-working presently, yrs in workforce 1 2 3 4 5
- 5. Criminal Background information 1 2 3 4 5
- 6. Possesses required New Hire documentation (I9) 1 2 3 4 5
- 7. Personality-friendly, pleasant, sense of humor 1 2 3 4 5
- 8. Appearance-well groomed, cleanliness 1 2 3 4 5
- 9. Meets requirements to work w/pork, peanuts & soy 1 2 3 4 5
- 10. Shift availability-prefers shift that is available for  
Open positions, willing to be flexible to shifts available 1 2 3 4 5

Total possible points 50 pts. Total points scored

40

Former Employer Rating Bonus Points 1-20

\_\_\_\_\_

Interviewer: Anna Cordova

Total Points 40

Date: 01/21/2013



## RICK & ROSE

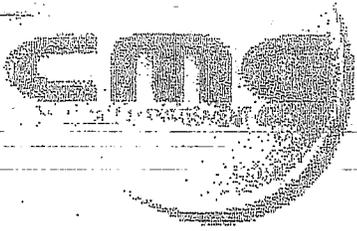
Rick and Rose were good friends. They worked together at Reichel Foods.

One day they had a lot of work, and not enough employees, this same day the supervisor asked Rick to pack carrots and ranch in 100 boxes. Rick was worried he could not finish this before the day ended. He was going to ask Rose for help but he noticed she was gone. He knew if she didn't help, the boxes would not get packed on time.

The supervisor saw Rick working very hard and went to ask Rose for help. He looked for her in the cafeteria. When he saw her taking a break, he asked her why she wasn't helping Rick. "I didn't know that he needed help," said Rose, "I will go help him right away."

When Rick saw Rose coming to help he felt happy and supported. "Please don't be afraid to ask me to help. We are good friends and co-workers," she said, "and together we make a great team."

1. Who are Rick and Rose?
  - a. Co-workers
  - b. Good friends
  - c. Both A & B
2. Rick and Rose work at Reichel Foods. True or false? (circle one)
  - a. True
  - b. False
3. Where did the supervisor find Rose?
  - a. Outside
  - b. Working on the line
  - c. In the cafeteria
  - d. In the bathroom
4. How did Rick feel when he saw Rose?
  - a. Mad
  - b. Sad
  - c. Happy
  - d. Confused
5. What lesson did Rick and Rose learn?
  - a. Teamwork
  - b. How to make carrots and ranch
  - c. Communication
  - d. Both A & C



## Preliminary Questions

Name: Cham Shine

Date: 1/21/2013

- 1. If hired, can we run a national background study? yes
- 2. If hired are you willing to take a drug test? yes
- 3. Are you able to work with soy, wheat, peanuts & milk? yes
- 4. Are you able to work with pork? yes
- 5. Which plant do you prefer? NORTH
- 6. What shift do you prefer? 1st and 2nd

If called for an interview please bring two forms of identification.

(Social security card, birth certificate, passport and license or permanent resident card)

7:00 1/21 - AMON  
IMAA



## CMG APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED

PLEASE COMPLETE PAGES 1-5 DATE 01/17/2013

Name SHINE CHAW LAURA  
Last First Middle Maiden

Present address 616 NORTHERN HEIGHTS DR NE  
Number Street  
ROCHESTER MN 55906  
City State Zip

Social Security No. 131 - 85 - 5540

Telephone (573) 319 0299 E-Mail chawlaurashine@gmail.com

If under 18, please list age \_\_\_\_\_ Referred by OMER SKORIC

Position applied for (1) any position Shift available to work  
 and salary desired (2): \_\_\_\_\_  
 (Be specific) month plant forward 1<sup>st</sup> any shift  
 2<sup>nd</sup> \_\_\_\_\_ Weekends Yes/No  
 3<sup>rd</sup> \_\_\_\_\_

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	YANGON	MYANMAR	11	
College	YANGON	MYANMAR	3	B.A (French)
Bus. or Trade School				
Professional School				

OK 1/21/2013  
FE

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s), dates of conviction(s), sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? will get drop off and pick-up till get

driver license

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

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? \_\_\_\_\_

lot years  
friendly

Please list two references other than relatives or previous employers.

Name Stephen Gabriel Name CECELIA GABRIEL

Position Echo Tech Position Health Unit Coordinator

Company ECHO-METRICS Company MAYO clinic

Address 102 South Broadway Address 200 1<sup>st</sup> St SW  
Suit 1310, Rochester, MN, 55904 Rochester, MN, 55901

Telephone (507) 319 5164 Telephone (507) 202 2483

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes  No

ARE YOU NOW A MEMBER OF THE RESERVE OR NATIONAL GUARD? \_\_ Yes  No

Branch \_\_\_\_\_ 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 _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	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.		

Name _____ Position _____ Company _____ Address _____ Telephone (____) _____	Supervisor name _____	
	Employment dates	Pay or salary
	From	Start
	To	Final
	Your last job title _____	
Reason for leaving (be specific) _____		
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## APPLICATION FOR EMPLOYMENT

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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.							

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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.							

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.,

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 of Corporate Management Group, Inc. (CMG), 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 an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

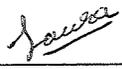
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG 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, CMG 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 CMG 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 CMG is terminable at will for any reason by either party.

Signature of applicant 

Date: 01/17/2013

# Chaw Laura Shine

616 Northern Heights Drive Northeast | Rochester, MN 55906 | chawlaurashine@gmail.com | 507-319-0299

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## Key Skills:

- Trained in Customer Service
- Speaks fluent French, Burmese, and English
- Trained in business accounting practices
- Trained in business communication
- Proficient in Microsoft Word, Power Point, Excel

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## Education

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Thames and Informatics International Diploma in Business Administration	2012
Ministry of Hotel and Tourism Tour Guide Training Course	2011
Yangon University of Foreign Languages (YUFL) Bachelor of Arts (French)	2011
MCC Business and Commercial Studies Fidelio Software Application Course (Front Office Operation)	2009
Optimum Knowledge Studies (IT Professional and Management Training) Digital Design and Development	2009
Myanmar Computing Centre (MCC)/ National Computing Centre Education (NCC) International Diploma in Computer Studies	2008

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## Volunteer Experience

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- Volunteer at Saint Theresa Church, Yangon, Myanmar 2011

UNITED STATES OF AMERICA PERMANENT RESIDENT

Surname: SHINE  
Given Name: CHAW L  
UCIS#: 082-507-764 Category: DV3  
Country of Birth: Burma  
Date of Birth: 03 APR 1991 Sex: F  
Card Expires: 12/03/22  
Resident Since: 11/09/12



SOCIAL SECURITY

33-785-5540

THIS NUMBER HAS BEEN ESTABLISHED FOR

CHAMILLIAURA SHINE

*Jawia* REGISTRATION

SIGNATURE

USA 11/14/2012