

file - visa expired.



9.22.10 11 AM



ENTERED

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9-20-2010

Name Mikhael sanad william  
Last First Middle Maiden

Present address 2015 W1ST. apt 20 Rochester MN 55901  
Number Street NW City State Zip

How long 1 year Social Security No. 488 - 55 - 0365

Telephone (507) 289 - 7716

If under 18, please list age N/A Referred by Friend

Position applied for (1) packaging Days/hours available to work  
 and salary desired (2) \$ 8 hour  
(Be specific)

No Pref \_\_\_\_\_ Thur   
 Mon  Fri   
 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? immediately

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	Ragheb Morgan	Egypte - CAIRO	3 years	Math and science
College	Institute of art and commerce	Egypte CAIRO	2 years	Accounting Diploma
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 <u>Taste of Egypt Restaurant</u>	Supervisor name <u>Mariam Mosaad</u>	
Position <u>cook</u>	Employment dates	Pay or salary
Company _____	From <u>3-17-2010</u>	Start <u>\$ 8 hour</u>
Address <u>100 1ST Avenue SW Food Court - Rochester, MN, 55902</u>	To <u>6-30-2010</u>	Final <u>\$ 8 hour</u>
Telephone <u>(651) 470-0842</u>	Your last job title <u>cook and preper Meals</u>	

Reason for leaving (be specific) Business closed

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.

Name <u>Five Guys Burgers and Fries Restaurant</u>	Supervisor name <u>AMI</u>	
Position <u>kitchen aide</u>	Employment dates	Pay or salary
Company _____	From <u>08-15-2010</u>	Start <u>\$ 7.25 hour</u>
Address <u>#2800 / 41ST street NW Rochester, MN 55901</u>	To <u>now</u>	Final <u>\$ 7.25 hour</u>
Telephone <u>(507) 288-1464</u>	Your last job title <u>kitchen aide</u>	

Reason for leaving (be specific) looking For Full time

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.

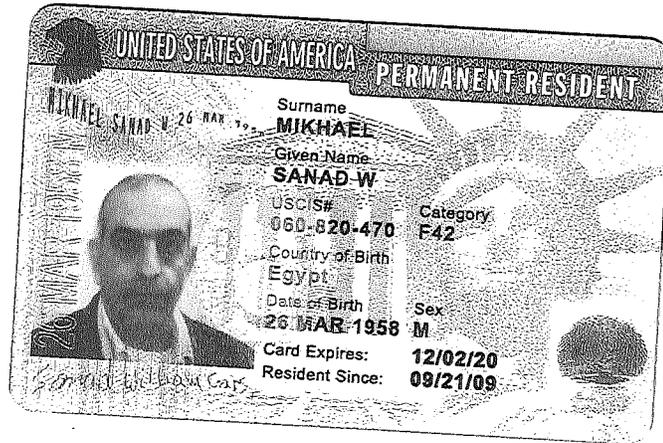
I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant Sommad W. Mikhael Date: 9/20/2010

### **Preliminary Questions**

1. We run background studies on all employees-do you have any issues with this? No
2. What kind of work experience do you have? Cook
3. Are you legal to work in the United States? Yes
4. Do you have documentation? Yes
5. Are you able to work with pork? Yes
6. Are you allergic to peanuts? No
7. Are you able to work in a wet and cold environment? Yes
8. How did you hear about Reichel Foods? Friend
9. Worked in a warehouse before? Yes
10. Do you have reliable transportation? Yes
11. What shift are you looking?

Enter in  
CMA + file  
Time



Brought new Resident Card for himself + wife

التأشيرات Visas

التأشيرات Visas

Upon good performance, you are eligible for a promotion to the next higher pay grade, effective for one year.

Issue Date: Sept 27, 2010

Officer: MCE, ISD, SPM

EMPLOYMENT AUTHORIZED

Valid Until: Sept 26, 2011

00110

A060 820 470 - F42 -  
 I90 pending LIN-10-905-66131



FAXED





NOTICE TYPE Receipt		NOTICE DATE July 22, 2010
CASE TYPE I-90, Application to Replace Permanent Resident Card		USCIS ALIEN NUMBER A060820470
RECEIPT NUMBER LIN1090566131	RECEIVED DATE July 16, 2010	PAGE 1 of 1
		DATE OF BIRTH March 26, 1958

<b>APPLICANT/PETITIONER NAME AND MAILING ADDRESS</b>  12 2862 SANAD W. MIKHAEL 2015 41ST ST NW APT F20 ROCHESTER, MN 55901	<b>PAYMENT INFORMATION:</b> Applicant/Petitioner Fee: \$0.00 Biometrics Fee: \$0.00 Total Amount Received: \$0.00 Total Balance Due: \$0.00
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The above application/petition has been received by our office and is in process.

Please verify your personal information listed above and immediately notify the USCIS National Customer Service Center at the phone number listed below if there are any changes.

Please note that if a priority date is printed on this notice, the priority does not reflect earlier retained priority dates.

If you have questions about possible immigration benefits and services, filing information, or USCIS forms, please call the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833. Please also refer to the USCIS website: [www.uscis.gov](http://www.uscis.gov).

If you have any questions or comments regarding this notice or the status of your case, please contact our customer service number.

You will be notified separately about any other case you may have filed.

<b>USCIS Office Address:</b> USCIS Nebraska Service Center P.O. Box 82521 Lincoln, NE 68501-2521	<b>USCIS Customer Service Number:</b> (800)375-5283 APPLICANT COPY 
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## YOUR SOCIAL SECURITY CARD

important

**ADULTS:** Sign this card in ink immediately.

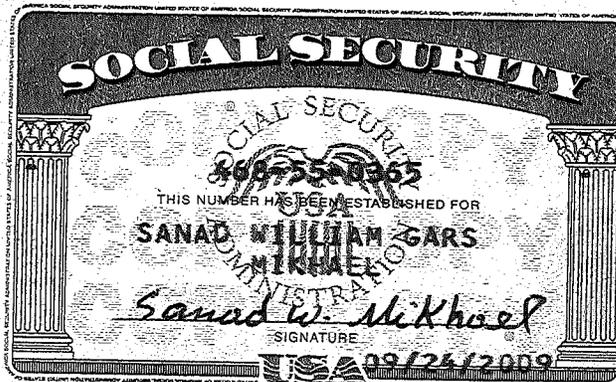
**CHILDREN:** Do not sign until age 18 or your first job, whichever is earlier.

ure line.

Keep your card in a safe place to prevent loss or theft.

**DO NOT CARRY THIS CARD WITH YOU.**

Do not laminate.



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/28/2010  
Page: 1 of 1

Case Verification Number: 2010271123840NM

**Initial Verification:**

Last Name:	Mikhael	First Name:	Sarad
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 0365	Date of Birth:	03/26/1958
Hire Date:	09/22/2010	Citizenship Status:	A lawful permanent resident
Alien Number:	060820470	I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	09/28/2010

**Initial Verification Results:**

Last Name:	GARAS	First Name:	SANAD
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:	
Submitted By:		Submitted On:	

**Resubmittal Verification Results:**

Eligibility:	
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**Additional Verification:**

Comments:	
Submitted By:	Submitted 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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**Photo Matching Results:**

Determination:	
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**Additional DHS Referral:**

Referral By:		Referral Date:	
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**Additional DHS Referral Results:**

Eligibility:		Response Date:	
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**Case Resolution:**

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	09/28/2010

SENSITIVE BUT UNCLASSIFIED



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CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.  
**DO NOT CARRY THIS CARD WITH YOU.**  
Do not laminate.

**SOCIAL SECURITY**

THIS NUMBER HAS BEEN ESTABLISHED FOR  
**SANAD WILLIAM GARS MIKHAEI**  
GENERALIST DRIVER

SIGNATURE *[Signature]*

09122472009

**MINNESOTA DRIVER'S LICENSE**

**SANAD WILLIAM GARS MIKHAEI**  
2016 41ST ST NW #F-20  
ROCHESTER, MN 55901

Date of Birth 03-26-1958  
Sex M Eyes BRN Class D  
Height 6-1 Weight 230

ISSUED 02-2010 EXPIRES 03-26-2014

*Standard Valid until 11/1/14*

S299109631720

FAXED



**APPLICATION FOR EMPLOYMENT**

**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) _____		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Who were you referred by? Friend

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes \_\_\_ No

What is your means of transportation to work? by car

Driver's license number S 299109631720 State of issue MN, 02-2010

Operator \_\_\_ Commercial (CDL) \_\_\_ Chauffeur \_\_\_

Expiration date 03-26-2014

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? \_\_\_\_\_

OFFICE USE ONLY

Typing \_\_\_ Yes \_\_\_ No

Personal Computer \_\_\_ Yes \_\_\_ No

10-key \_\_\_ Yes \_\_\_ No

\_\_\_ WPM

\_\_\_ PC \_\_\_ Mac

Word Processing \_\_\_ Yes \_\_\_ No

Other \_\_\_\_\_

\_\_\_ WPM

Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name Reda Shenouda

Name Ashraf Zaki

Position Engineer

Position Pharmacist

Company \_\_\_\_\_

Company \_\_\_\_\_

Address New Market, MN

Address Blaine, MN

Telephone (952) 461-4735

Telephone (762) 785-2336

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.