

\*NO SS#



# APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 01/06/11

Name NGO TRINH T NGUYEN  
Last First Middle Maiden

Present address 5250 Kingston Pl Rochester MN 55901  
Number Street City State Zip

How long 11 years Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (507) 208-8230

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

Position applied for (1) open Days/hours available to work  
 and salary desired (2) open  
 (Be specific) No Pref  Thur   
Mon  Fri   
Tue  Sat   
Wed  Sun

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

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
High School	<u>DuChesne</u>			
College	<u>High School</u>			
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>Cheryl Charline</u>	Supervisor name <u>Jeanne Tran</u>	
Position <u>Waitress</u>	Employment dates	Pay or salary
Company _____	From <u>2000</u>	Start _____
Address _____	To <u>still present</u>	Final <u>5.25</u>
Telephone <u>(507) 289-9591</u>	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.

Team work. Serving. Customer Service.  
Doing Host.

Name <u>Rochester Meat Inc</u>	Supervisor name <u>Bill Archer</u>	
Position <u>meat cutter</u>	Employment dates	Pay or salary
Company _____	From <u>1994</u>	Start _____
Address <u>75th NW</u>	To <u>2000</u>	Final <u>11:30</u>
Telephone ( ) <u>529-4700</u>	Your last job title _____	

Reason for leaving (be specific) Got new job

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

Packing. assembly. Team work.

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



Date: 01. 06. 2011

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 01/21/2011  
Page: 1 of 1

Case Verification Number: 2011021115011AH

Initial Verification:

Last Name:	Nguyen	First Name:	Ngoc Trinh
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3730	Date of Birth:	06/11/1953
Hire Date:	01/21/2011	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	RTAL3930	Submitted On:	01/21/2011

Initial Verification Results:

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:

FOR FURTHER INFORMATION, CONTACT THE SOCIAL SECURITY ADMINISTRATION AT 800-787-2842. VISIT US AT WWW.SSA.GOV. SOCIAL SECURITY NUMBERS ARE NOT IDENTIFIERS. SOCIAL SECURITY NUMBERS ARE NOT TO BE USED FOR IDENTIFICATION PURPOSES.

**SOCIAL SECURITY**

SOCIAL SECURITY  
 THIS NUMBER HAS BEEN ESTABLISHED FOR  
**NGOC TRINH THI**  
 SOCIAL SECURITY ADMINISTRATION

SIGNATURE  
 NGOC TRINH THI  
 01/27/2010

THIS CARD IS NOT VALID FOR IDENTIFICATION PURPOSES. IT IS NOT TO BE USED FOR IDENTIFICATION PURPOSES.

**MINNESOTA**  
**DRIVER'S LICENSE**

NGOC TRINH THI NGUYEN  
 5250 KINGSTON PL, NW  
 ROCHESTER, MN 55901

Date of Birth 07-11-1953  
 Sex F Eyes BRN Class D  
 Height 5-4 Weight 115  
 ISSUED 01-2010 EXPIRES 07-11-2012

D824023071314 *Ngoc Trinh Thi Nguyen*


