

FAXED

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Departure Record

Admission Number

820059709 22

[Empty grid box]

ADMITTED INDEFINITELY
AS A REFUGEE PURSUANT
TO SEC. 207 OF THE I&N
ACT. IF YOU DEPART THE
U.S. YOU WILL NEED
PRIOR PERMISSION FROM
I&NS TO RETURN.
EMPLOYMENT AUTHORIZED.
LOS May 25, 2010 1876
(Port) (Date) (Imm. Off.)

18. Family Name

A L S K O U T I

19. First (Given) Name

A D A M

20. Birth Date (DD/MM/YY)

1 4 0 5 7 9

21. Country of Citizenship

S Y R I A

CBP Form I-94 (05/08)

U.S. DEPARTMENT OF HOMELAND SECURITY, U. S. Citizenship and Immigration Services

EMPLOYMENT AUTHORIZATION CARD

The person identified is authorized to work in the U.S. for the validity of this card.

NAME **AL SKOUTI, ADAM M**

Al Skouti

A# 212-336-052
CARD # LIN1016850165

Birthdate 05/14/79 Category A03 Sex M

Country of Birth Syria

Terms and Conditions None

fingerprints not available

NOT VALID FOR REENTRY TO U.S.

CARD VALID FROM 06/08/10 EXPIRES 06/07/12



FAXED

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/29/2010
Page: 1 of 1

Case Verification Number: 2010302142958AH

Initial Verification:

Last Name:	Al Skouti	First Name:	Adam
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 8762	Date of Birth:	05/14/1979
Hire Date:	10/29/2010	Citizenship Status:	An alien authorized to work
Alien Number:	212336052	I-94 Number:	
Card Number:	LIN1016850165		
Document Type:	Employment Authorization Document (Form I-766)	Doc. Expiration Date:	06/07/2012
Submitted By:	ESAG6409	Submitted On:	10/29/2010

Initial Verification Results:

Last Name:	AL SKOUTI	First Name:	ADAM
		Expire Date:	06/07/2012
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:

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:

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:	10/29/2010

SENSITIVE BUT UNCLASSIFIED

Adam Alskouti

10/26/2010

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? Sorter
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? No
8. How did you hear about Reichel Foods? IMMA
9. Worked in a warehouse before? Yes
10. Do you have reliable transportation? Yes
11. What shift are you looking? 2nd shift

MINNESOTA DRIVER'S LICENSE



ADAM M AL SKOUTI
1840 37TH ST NW #D
ROCHESTER, MN 55901

Date of Birth 05-14-1979
Sex M Eyes BRN Class D
Height 5-9 Weight 182
ISSUED 09-2010 EXPIRES 05-14-2014



Adam

F566049201417

AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

43-55-6702

THIS NUMBER HAS BEEN ESTABLISHED FOR
ADAM MAHMOLD BARE
AL SKOUTI

Adam

SIGNATURE 07/01/2010

USA

10.28.10 2:30 pm

Shift 2pm - 10pm
Hornell



ENTERED

10-26-10 KS



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Tried to call - # not taking calls. CIB.

PLEASE COMPLETE PAGES 1-5 DATE 10-26-10

Name ADAM Alskouti
Last First Middle Maiden

Present address 1840 37th st NW Rochester MN 55901
Number Street City State Zip

How long 6 months Social Security No. 473 - 35 - 8762

Telephone (507) 319 8102

If under 18, please list age _____ Referred by VMMA

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

How many hours can you work weekly? Any Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

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>SAME BROOK</u>	<u>SYRACUSE</u>	<u>3</u>	
College	<u>EDRILL</u>	<u>SYRACUSE</u>	<u>2</u>	<u>BSBA</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

DO YOU HAVE A DRIVER'S LICENSE? Yes ___ No

What is your means of transportation to work? My Car

Driver's license number F566049201417 State of issue MN

Operator Commercial (CDL) ___ Chauffeur ___

Expiration date 5-14-2014

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 Mary S. Alessio

Name Kristina Hammett

Position Director

Position Case Manager

Company Catholic Charities

Company Catholic Charities

Address 907 W. Center St. Suite 220

Address 907 W. Center St. Suite 220

Telephone (507) 287 2047

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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.

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>WOSCOTT FOR APPLE</u>	Supervisor name _____	
Position <u>ELGIN SORTER</u>	Employment dates	Pay or salary
Company _____	From	Start
Address <u>ELGIN</u>	To	Final
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) SEASON WAS DONE

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

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company <u>RETAIL SALES</u>	From <u>SELF-EMP</u>	Start
Address <u>SYRIA, DUBAI, EGYPT</u>	To	Final
Telephone (____) _____	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.

WAS IN RETAIL SALES FOR CLOTHING