

**FAXED****SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security
E-Verify****Report Prepared: 09/15/2009****Page: 1 of 1****Case Verification Number: 2009258162044PX****Initial Verification:**

Last Name:	Garcia	First Name:	Antonio
Middle Initial:	S	Maiden Name:	
Social Security Number:	473-39-2730	Date of Birth:	06/14/1971
Hire Date:	09/11/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	078365306	I-94 Number:	
Card Number:	SRC0604850948		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	09/15/2009

Initial Verification Results:

Last Name:	GARCIA	First Name:	ANTONIO
			
	Click to Enlarge	Expire Date:	INDEFINITE

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:
Initiated By:	Initiated On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:Comments:
Initiated By: Initiated On:**Verification Response:**

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Garcia
Apellido Nombre

FIRST NAME: Antonio MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 2315 Park La SE #117
Direccion

CITY: Rochester STATE: MN ZIP: 55904
Ciudad Estado Zona Postal

HOME PHONE #: (501) 990-1437 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 6/14/71
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 473-39-2730
Numero de Seguro Social

GENDER: FEMALE _____ MALE MARITAL STATUS: MARRIED SINGLE _____
Género Mujer Masculino Estado Civil Casado Soltero

ETHNIC ID: (WHITE, BLACK, HISPANIC, ASIAN, INDIAN) Hispanic
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Julia Oronja
Nombre

PHONE #: (507) 990-6250
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 9/11/09 START DATE: 9/14/09 TERM DATE: _____

SALARY (Hourly): \$7.50 SHIFT DIFFERENTIAL: _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: Hormel SUPERVISOR: Isabel Rick

PRIMARY LANGUAGE: Spanish WORKERS COMP CODE: 6504

EMPLOYMENT STATUS	
Agency Referral	_____
CMG Recruit	_____
CMG Rollover Date:	_____
Client Rollover Date:	_____



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9/10/09

Name Antonio Garcia
Last First Middle Maiden

Present address 2815 PARK LN #117 Rochester MN 55904
Number Street City State Zip

How long 5 years Social Security No. 473-39-2730

Telephone (507) 990-1437

If under 18, please list age _____ Referred by _____

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

How many hours can you work weekly? 40 Can you work nights? _____

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				
College				
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. getting a DUI

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>North star</u>	Supervisor name <u>George Torres</u>	
Position <u>production line</u>	Employment dates	Pay or salary
Company _____	From <u>November</u>	Start <u>9.00</u>
Address _____	To <u>March May</u>	Final <u>9.00</u>
Telephone (<u>507</u>) _____	Your last job title _____	

Reason for leaving (be specific) Burned down

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

Drafted machines / took apart
Packaging the product

Name <u>STRONGWILL</u>	Supervisor name <u>RON</u>	
Position <u>sumbler</u>	Employment dates	Pay or salary
Company _____	From <u>2006</u>	Start <u>10.75</u>
Address <u>CHATHAM</u>	To <u>2008</u>	Final <u>11.75</u>
Telephone () <u>867-3479</u>	Your last job title _____	

Reason for leaving (be specific) ~~company~~ wasn't able to drive long distance

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