

FAXED on: 11
by:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/29/2007
Page: 1 of 1

Case Verification Number: 2007302144600ZT

Initial Verification:

Last Name:	Sin	First Name:	Bonna
Middle Initial:		Maiden Name:	Ouk
Social Security Number:	468-98-9176	Date of Birth:	07/07/1962
Hire Date:	10/26/2007	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	025336575	I-94 Number:	
Card Number:	AAA0000000000		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	LNOD0884	Initiated On:	10/29/2007

Initial Verification Results:

Last Name:	OUK	First Name:	BONNA
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:
Initiated By:	Initiated On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:	
Initiated By:	Initiated 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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Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	LNOD0884	Resolved On:	10/29/2007

SENSITIVE BUT UNCLASSIFIED



FAXED on: 1/28/08
by: es

EMPLOYEE INFORMATION SHEET
(STRICTLY CONFIDENTIAL)

FAXED 10/26

LAST NAME: Sin
Apellido Nombre

FIRST NAME: Sameth MIDDLE INITIAL:
Primero Nombre Segunda Inicial

ADDRESS: 1309 50th St. NW
Direccion

CITY: Rochester STATE: MN ZIP: 55901
Ciudad Estado Zona Postal

HOME PHONE #: 507-281-2096 CELL PHONE #:
Teléfono Celular teléfono

DATE OF BIRTH: 7/7/62
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 468-98-9176
Numero de Seguro Social

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

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

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA
NAME: Rosle Duk/vanny Sin
Nombre
PHONE #: 507-281-2096 / 271-8957
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 10/26/07 START DATE: 10/29/07 TERM DATE:

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

DEPARTMENT: Hormel-2 SUPERVISOR:

PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 6504

EMPLOYMENT STATUS
Agency Referral X CMG Recruit
CMG Rollover Date: 1/28/08
Client Rollover Date:

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

SOCIAL SECURITY

468-98-9176

THIS NUMBER HAS BEEN ESTABLISHED FOR

SAMETH
SIN

Sameth Sin

SIGNATURE

01/10/2008

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

MINNESOTA

DRIVER'S LICENSE



SAMETH SIN
1309 50TH ST NW
ROCHESTER, MN 55901

Date of Birth 07-07-1962

Sex	Eyes	Class
F	BRN	D
Height	Weight	
5-5	100	

ISSUED 07-2008 EXPIRES 07-07-2012

Sameth Sin

D554055434014

ALIEN REGISTRATION RECEIPT CARD
PERSON IDENTIFIED BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25336575 11 99 265 102 58331
A NUMBER ISS/T CK M 1 M 2 PARITY 1

6217 14607 00707 47362 41612
PBD IDW 1 IDW 2 IDW 3 PARITY 2

051082 201 078 15200 8865896
ADM/ADJ DATE COB ISS CODE SOUNDIX PARITY 3

RESIDENT ALIEN

U.S. DEPARTMENT OF JUSTICE Immigration and Naturalization Service

OUK - BONNA



070762 RT

A25336575

SPM-REG

Bonna OUK

1/24/08
Bl

MINNESOTA DRIVER'S LICENSE

BRN	5-5	100	F	D	G4	07-07-08
<small>EYES</small>	<small>HEIGHT</small>	<small>WEIGHT</small>	<small>SEX</small>	<small>CLASS</small>	<small>ENDORSE</small>	<small>EXPIRES</small>

07-07-1962
BIRTH DATE



S-500-095-014-539

BONNA SIN
1309 50TH ST NW
ROCHESTER, MN 55901

Bonna Sin

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Work Experience

Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	<u>Textile Care Services</u>	Phone (507) <u>288-1861</u>
Address	<u>225 Woodlake Dr SE</u>	Supervisor <u>Mr. Paul</u>
Reason for leaving (be specific)	<u>Lay OFF</u>	
Position/Duties:	<u>laundry</u>	length of employment <u>11 years</u> salary \$ <u>11.50</u> per <u>hr</u>

Name of employer	<u>Pace Dairy Foods</u>	Phone (507) <u>288-6315</u>
Address	<u>2700 Valleyhigh DR N.W</u>	Supervisor <u> </u>
Reason for leaving (be specific)	<u>on temporary</u>	
Position/Duties:	<u>Putting Cheese in boxes</u>	length of employment <u> </u> HR salary <u>9.00</u> per <u>hr</u>

Name of employer	<u>Lakeside Foods</u>	Phone () <u> </u>
Address	<u> </u>	Supervisor <u> </u>
Reason for leaving (be specific)	<u>lay off - too far</u>	
Position/Duties:	<u> </u>	

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER