

**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 09/20/2010**  
**Page: 1 of 1**

**Case Verification Number: 2010263142318EP**

**Initial Verification:**

Last Name:	Meas	First Name:	Bophary
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 8674	Date of Birth:	04/14/1975
Hire Date:	09/15/2010	Citizenship Status:	A lawful permanent resident
Alien Number:	059705486	I-94 Number:	
Card Number:	WAC0923151057		
Document Type:	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	Doc. Expiration Date:	
Submitted By:	ESAG6409	Submitted On:	09/20/2010

**Initial Verification Results:**

Last Name:	MEAS	First Name:	BOPHARY
		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:
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:
--------------	----------------

**Case Resolution:**

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Resolved By:	ESAG6409	Resolved On:	09/20/2010

**SENSITIVE BUT UNCLASSIFIED**



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

# SOCIAL SECURITY

739-130-0814

THIS NUMBER HAS BEEN ESTABLISHED FOR

**BOPHARY MEAS**  
ADMINISTRATIVE

NO 25

SIGNATURE

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

## MINNESOTA DRIVER'S LICENSE

**BOPHARY MEAS DR**  
8768 AUTUMN OAKS DR  
ROCKFORD, MN 55373

Date of Birth 04-14-1975  
Eyes BRN  
Sex F  
Height 5-0  
Weight 100  
Class D

ISSUED 10-2009  
EXPIRES 04-14-2013



N464193113114

2-11-13

FAXED

### 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? **Nail Salon, Reichel Foods**
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? **Sovanny Peov**
9. Worked in a warehouse before? **Yes**
10. Do you have reliable transportation? **Yes**
11. What shift are you looking? **2<sup>nd</sup> Shift**

9.15.10 ~~QAM~~ 11A



### Addendum to Application

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4 DATE 09/02/2010

Name MEAS Bophary  
Last First Middle Maiden

Social Security No. 733-10-8674

Telephone 507 202-3991

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

Position applied for (1) OPEN  
 and salary desired (2) OPEN  
(Be specific)

Days/hours available to work  
 No Pref  Thur  
 Mon  Fri  
 Tue  Sat  
 Wed  Sun

How many hours can you work weekly? 40 or more 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	<u>Beng Trebek</u>	<u>Cambodia</u>		
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. \_\_\_\_\_

**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>Classic Nails</u>	Supervisor name <u>Sokhan EL</u>	
Position <u>Manicurist</u>	Employment dates	Pay or salary
Company _____	From <u>11/2009</u>	Start <u>pay by</u>
Address <u>3625 10th LN NW</u>	To <u>09/2010</u>	Final <u>commission</u>
<u>Rochester MN 55901</u>	Your last job title <u>Manicurist</u>	
Telephone <u>(507) 280-8674</u>		

Reason for leaving (be specific) because it's too slow in the winter

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

- Pedicure
- Nail arts
- Manicure

Name <u>Bophary Meas</u>	Supervisor name _____	
Position <u>Packing</u>	Employment dates	Pay or salary
Company <u>Reichel Food</u>	From <u>08/2009</u>	Start <u>7.50 \$</u>
Address _____	To <u>09/2009</u>	Final <u>7.50 \$</u>
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) Health Problem

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

- put apples in the packet
- packing

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From _____	Start _____
Address _____	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.

Who were you referred by? SOUARNY PEOU

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

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