

CARLA MACHADO

837 7th Avenue East , Shakopee , MN 55379 | (H) 6127089741 | carlatejada31@gmail.com

Professional Summary

Responsible and dependable Customer Service Representative with 15 years' progressive experience with different companies. Hard working cashier with slow and busy shifts. Friendly and enthusiastic. Speak three languages English, Spanish and Portuguese. Able to learn new tasks quickly and proficient in growing key customer.

Skills

- Customer and Personal Service
- Service Orientation
- Computers and Electronics
- Telecommunications
- Active Listening
- Active Learning
- Learning Strategies
- Mathematics

Experience

Cashier 10/2014 to Present

Mystic Lake Casino SMSCG – Shakopee, MN

- Receive payment by cash, check, credit cards, vouchers, or automatic debits.
- Issue receipts, refunds, credits, or change due to customers.
- Count money in cash drawers at the beginning of shifts to ensure that amounts are correct and that there is adequate change.
- Assist customers by providing information and resolving their complaints.
- Calculate total payments received during a time period, and reconcile this with total sales.
- Cash checks for customers.

Manager 06/2008 to 10/2013

Off road Autocenter – Viamão, RS

- Use computers for various applications, such as database management or word processing.
- Collect and deposit money into accounts, disburse funds from cash accounts to pay bills or invoices, keep records of collections and disbursements, and ensure accounts are balanced.
- Answer telephones and give information to callers, take messages, or transfer calls to appropriate individuals.
- Schedule and confirm appointments for clients, customers, or supervisors.
- Make copies of correspondence or other printed material.

- Prepare and mail checks.
- Order and dispense supplies.
- Receive payments and post amounts paid to customer accounts.

Cashier/finance

10/2004 to 11/2007

Mystic Lake Casino SMSCG – Shakopee, MN

- Receive payment by cash, check, credit cards, vouchers, or automatic debits.
- Issue receipts, refunds, credits, or change due to customers.
- Assist customers by providing information and resolving their complaints.
- Count money in cash drawers at the beginning of shifts to ensure that amounts are correct and that there is adequate change.
- Calculate total payments received during a time period, and reconcile this with total sales.

CSM- customer service manager

03/2002 to 10/2004

Walmart – Brooklyn Park, MN

- Provide services to customers
- Supervise other clerical staff and provide training and orientation to new staff.
- Receive payment by cash, check, credit cards, vouchers, or automatic debits.
- Issue receipts, refunds, credits, or change due to customers.
- Assist customers by providing information and resolving their complaints.
- Count money in cash drawers at the beginning of shifts to ensure that amounts are correct and that there is adequate change.
- Establish or identify prices of goods, services or admission, and tabulate bills using calculators, cash registers, or optical price scanners.
- Greet customers entering establishments.
- Answer customers' questions, and provide information on procedures or policies.
- Process merchandise returns and exchanges.

Education

High School Diploma:

Dec 1990

Brazil high school - Brazil, RS



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2017319152944HJ

Report Prepared: 11/15/2017

Company Information

Company ID: 47429

Company Name: Employer Solutions Staffing Group

Employee Information

Last Name: Machado

First Name: Carla

Date of Birth: 05/31/1972

Social Security Number: *** ** 2393

Hire Date: 11/15/2017

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: Minnesota

Driver's License or ID Card Number:

Document Expiration Date: 05/31/2018

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 11/15/2017

Case Submitted By: SHAU7624

Closed On: 11/15/2017

Closed By: SHAU7624

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name) Machado		First Name (Given Name) Carla		Middle Initial T	Other Last Names Used (if any) N/A
Address (Street Number and Name) 701 Center Ave.			Apt. Number	City or Town Hayfield	State MN ZIP Code 55940
Date of Birth (mm/dd/yyyy) 05/31/1972	U.S. Social Security Number 4 7 2 - 3 5 - 2 3 9 3		Employee's E-mail Address		Employee's Telephone Number (612) 708-9741

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP | Employer Completes Next Page | STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Machado	First Name (Given Name) Carla	M.I. T	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title Driver's license issued by state/territory		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority Minnesota		Issuing Authority Social Security Administration
Document Number N/A		Document Number S429175724515		Document Number 472352393
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 05/31/2018		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		Additional Information <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div>		QR Code - Section 2 Do Not Write In This Space <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center;">  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative Administrative Support	
Last Name of Employer or Authorized Representative Peterson		First Name of Employer or Authorized Representative Sierra		Employer's Business or Organization Name ESSG	
Employer's Business or Organization Address (Street Number and Name) 7480 Flying Cloud Dr			City or Town Eden Prairie		State MN
					ZIP Code 55344

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Preliminary Questions

For CMG use only

Name: Genia machado

Date: 11/15/17

1. If hired are you willing to take a drug test? yes
2. Do you have any known food allergies to soy, wheat, peanuts, or milk? no
3. Are you able to work with pork? yes
4. Which plant do you prefer? N
5. What shift to you prefer? 1st *seasonal*

To be completed during or after interview

Date of interview 11/15/2017

Have you ever been convicted of a crime? Yes _____ No

Explain

Incident _____

Employee Signature Genia machado

Interviewer Signature [Signature]

MINNESOTA
DRIVER'S LICENSE



CARLA TEJADA MACHADO
837 7TH AVE E
SHAKOPEE, MN 55379

Date of Birth 05-31-1972

Sex Eyes Class

F BRN D

Height Weight DONOR

5-4 192

ISSUED 12-2014

EXPIRES 05-31-2018

S429175724515

Carla Tejada Machado

MINNESOTA
DRIVER'S LICENSE



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