

**FAXED****SENSITIVE BUT UNCLASSIFIED****Department of Homeland Security  
E-Verify****Report Prepared: 03/31/2010  
Page: 1 of 1****Case Verification Number: 2010090153035CM****Initial Verification:**

Last Name:	Ouk	First Name:	Chanroean
Middle Initial:	A	Maiden Name:	
Social Security Number:	471-55-8474	Date of Birth:	06/04/1985
Hire Date:	03/31/2010	Citizenship Status:	Alien Authorized to Work (Alien or I94 # required)
Alien Number:	200419867	I-94 Number:	
Card Number:	MSC1007117132	Doc. Expiration Date:	03/03/2011
Document Type:	I-766	Initiated On:	03/31/2010
Initiated By:	ESAG6409		

**Initial Verification Results:**

Last Name:	OUK	First Name:	CHAMROEUN
		Expire Date:	03/03/2011

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 On:  
Initiated By:**Verification Response:**

Eligibility: Response Date:

**DHS Referral:**

Referral By: Referral Date:

**DHS Referral Results:**

Eligibility: Response Date:



FAXED

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 **OUK, CHAMROEUN A**  
Chamroeun AOUK



A# 200-419-867

CARD # MSC1007117132

Birthdate **06/08/1989** Category **PART** Sex **F**

Country **Laos**

Terms and Conditions **None**

None



\*NOT VALID FOR REENTRY TO U.S.

CARD VALID FROM 03/04/10 EXPIRES 03/03/11



## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-5** DATE 032610

Name Chamroen Ak Ouk  
Last First Middle Maiden

Present address 5000 25th Avenue Rochester MN 55901  
Number Street City State Zip

How long Nov. 09 moved to Rochester Social Security No. 471 - 55 - 8474  
wife

Telephone 507 202 - 0564

If under 18, please list age \_\_\_\_\_ Referred by Cham Ouk

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

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

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

When available for work? anytime

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. \_\_\_\_\_