

**FAXED**

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 09/15/2009

Page: 1 of 1

Case Verification Number: 2009258153645YC

**Initial Verification:**

Last Name:	Hem	First Name:	Chanthy
Middle Initial:		Maiden Name:	
Social Security Number:	476-53-4595	Date of Birth:	02/05/1970
Hire Date:	09/10/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	060233964	I-94 Number:	
Card Number:	WAC0921350106		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	09/15/2009

**Initial Verification Results:**

Last Name:	HEM	First Name:	CHANTHY
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

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: Hem  
Apellido Nombre

FIRST NAME: Chanthy MIDDLE INITIAL: \_\_\_\_\_  
Primero Nombre Segunda Inicial

ADDRESS: 5012 24th Ave NW  
Direccion

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

HOME PHONE #: (507) 281-4757 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 2/5/70  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 476-53-4595  
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) Asian  
Origen étnia

EMERGENCY CONTACT INFORMATION	
INFORMACIÓN DE CONTACTO DE EMERGENCIA	
NAME: <u>Tracy Sam</u>	Nombre
PHONE #: <u>281-4757</u>	Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 9/10/09 START DATE: 9/11/09 TERM DATE: \_\_\_\_\_

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

DEPARTMENT: Hormel SUPERVISOR: Rick/Isabel

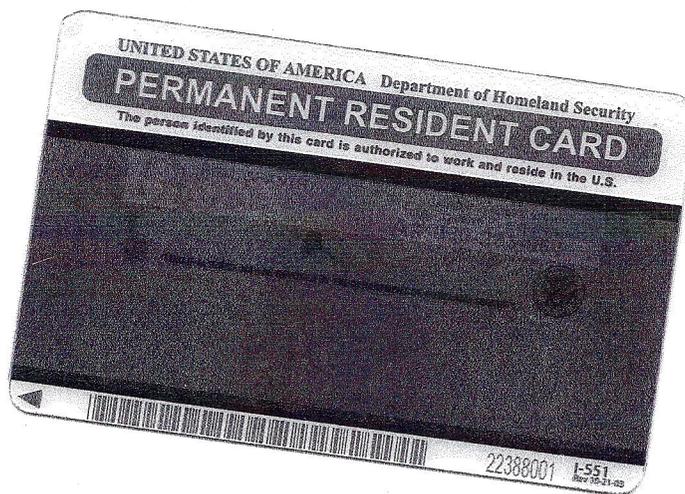
PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 6504

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

Revised February 2008







UNITED STATES OF AMERICA Department of Homeland Security

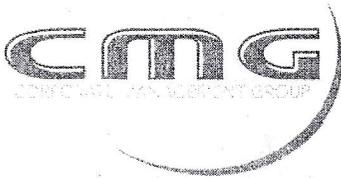
**PERMANENT RESIDENT CARD**

The person identified by this card is authorized to work and reside in the U.S.



22388001

I-551  
Rev. 10-21-02



## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 8-28-09

Name Hem Chanthy  
last First Middle Maiden

Present address 5012 24 Ave N.W Rochester MN 55901  
Number Street City State Zip

How long 2 mo. Social Security No. 476-53-4595

Telephone 507 281-4757 (Tracy)

If under 18, please list age \_\_\_\_\_ Referred by Heng Ham

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

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

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: \_\_\_\_\_

9/1/09  
E

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 _____ <i>N/A</i>	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.

*I have been a salesperson all my life back in Cambodia.*

Name _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company _____	From	Start
Address _____	To	Final
Telephone (____) _____	Your last job title _____	

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