

SENSITIVE BUT UNCLASSIFIED

FAXED

BY

8/7/09

EA

Department of Homeland Security
E-Verify

Report Prepared: 08/07/2009

Page: 1 of 1

Case Verification Number: 2009219150118KA

Initial Verification:

Last Name:	Roeun	First Name:	Choeun
Middle Initial:		Maiden Name:	
Social Security Number:	473-98-7082	Date of Birth:	12/26/1964
Hire Date:	08/07/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	025367497	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	08/07/2009

Initial Verification Results:

Last Name:	ROEUN	First Name:	CHOEUN
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 On:	08/07/2009
Resolved By:	ESAG6409		

SENSITIVE BUT UNCLASSIFIED



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Roehn
Apellido Nombre

FIRST NAME: Choeun MIDDLE INITIAL: _____
Primer Nombre Segunda Inicial

ADDRESS: 24 13th Ave NE
Direccion

CITY: Rochester STATE: MN ZIP: 55906
Ciudad Estado Zona Postal

HOME PHONE #: 507292-9272 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: _____
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 473-98-7082
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: _____
Nombre

PHONE #: _____
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 8/7/09 START DATE: 8/7/09 TERM DATE: _____

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

DEPARTMENT: Rotary SUPERVISOR: Rick/Isabel

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: 10504

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

Revised February 2008

81709
FAXED by CA

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



CHOEUN ROEUN
619 E CENTER ST #3
ROCHESTER, MN 55904

Date of Birth 12-28-1964
Sex M Eyes BLK Class ID
Height 5-3 Weight 132
ISSUED 08-2006 EXPIRES 12-26-2010

M633131487712 *Cho Eun Roeun*

SOCIAL SECURITY



473-98-7082

THIS NUMBER HAS BEEN ESTABLISHED FOR
CHOEUN ROEUN

Cho Eun Roeun
SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 7-14-09

Name CHOEUN ROEUN
Last First Middle Maiden

Present address 24 13AVE NE ROCHESTER MN 55904
Number Street City State Zip

How long 4 MONTHS Social Security No. 473-98-7082

Telephone (507) 292-9272

If under 18, please list age _____ Referred by Ho Jim

Position applied for (1) OPEN Days/hours available to work
 and salary desired (2) OPEN No Pref Thur _____
 (Be specific) and sluff Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? OPEN 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	HIGHLAND PARK	ST. PAUL	2 YRS.	GEN.
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. _____

7/23/09
EL

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 <u>ARNOLD SUPPLY</u>	Supervisor name <u>TOM BRUSKY</u>	
Position <u>CLEAN</u>	Employment dates	Pay or salary
Company _____	From <u>1989-2008</u>	Start <u>6.75</u>
Address <u>ROCHESTER MN</u>	To <u>2008</u>	Final <u>7.00</u>
Telephone <u>(507) 289-2393</u>	Your last job title _____	

Reason for leaving (be specific) LAYOFF

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. I CLEAN BUILDING BY USING DIFFERENT CHEMICALS AND MACHING FLOOR CLEANING FLOOR.

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.