



FAXED

SENSITIVE BUT UNCLASSIFIED

**Department of Homeland Security
E-Verify**

**Report Prepared: 10/07/2009
Page: 1 of 1**

Case Verification Number: 2009280163031XJ

Initial Verification:

Last Name:	Abreu Rodriguez	First Name:	Clemente
Middle Initial:	A	Maiden Name:	
Social Security Number:	731-18-2359	Date of Birth:	11/23/1971
Hire Date:	10/07/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	059202342	I-94 Number:	
Card Number:	SRC0922650483		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	10/07/2009

Initial Verification Results:

Last Name:	ABREU RODRIGUEZ	First Name:	CLEMENTE
		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: Abrew
Apellido Nombre

FIRST NAME: Clemente MIDDLE INITIAL: _____
Primero Nombre Segunda Inicial

ADDRESS: 1251 4 1/2 St NW
Direccion

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

HOME PHONE #: (507)287-6285 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 11/23/71
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 731-18-2359
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) Hispanic
Origen étnia

<p>EMERGENCY CONTACT INFORMATION INFORMACIÓN DE CONTACTO DE EMERGENCIA</p> <p>NAME: <u>Maribel Alvares</u> Nombre</p> <p>PHONE #: <u>(507)206-0871</u> Teléfono</p>

FOR CMG USE ONLY:

HIRE DATE: 10/07/09 START DATE: 10/07/09 TERM DATE: _____

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

DEPARTMENT: Hormel SUPERVISOR: Rick

PRIMARY LANGUAGE: Spanish WORKERS COMP CODE: 10504

<p>EMPLOYMENT STATUS</p> <p>Agency Referral _____ CMG Recruit _____</p> <p>CMG Rollover Date: _____</p> <p>Client Rollover Date: _____</p>

Revised February 2006



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9/24/09

Name Clemente Ant Abreu R.
Last First Middle Maiden

Present address 1251 4 1/2 st NW Rochester MN 55901
Number Street City State Zip

How long 3 months Social Security No. 731 - 18 - 2359

Telephone 607 287-6285

If under 18, please list age _____ Referred by Carmen Abreu

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

How many hours can you work weekly? 35-40 Can you work nights? yes

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

When available for work? As soon as possible

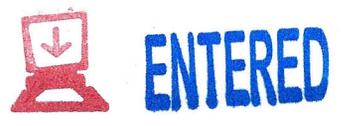
Do you have responsibilities or commitments that will prevent you from meeting specified work schedules?
 No Yes If so, please explain _____

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	<u>Dominican Republic</u>			
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. _____



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>Tony</u>	Supervisor name <u>Oswaldo Galvan</u>	
Position <u>Cleaning</u>	Employment dates	Pay or salary
Company <u>Carlson Building Maintenance</u>	From <u>9/2/09</u>	Start <u>9.00</u>
Address _____	To _____	Final <u>9.00</u>
Telephone (504) _____	Your last job title <u>Cleaning</u>	

Reason for leaving (be specific) not getting much sleep.

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

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.