



FAXED on: 5/8/08 by: [Signature]

EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Lam
Apellido Nombre

FIRST NAME: Duc MIDDLE INITIAL: H.
Primero Nombre Segunda Inicial

ADDRESS: 608 31st St NE
Direccion

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

HOME PHONE #: (507) 281-1965 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 7/10/63
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 729-12-1213
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-Vietnamese
Origen étnia

EMERGENCY CONTACT INFORMATION
INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: Tong Lam
Nombre

PHONE #: same
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 5/8/08 START DATE: 5/9/08 TERM DATE: _____

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

DEPARTMENT: Tumbler Room SUPERVISOR: _____

PRIMARY LANGUAGE: Vietnamese WORKERS COMP CODE: 6504

EMPLOYMENT STATUS

Agency Referral _____ CMG Recruit

CMG Rollover Date: _____

Client Rollover Date: _____

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/08/2008
Page: 1 of 1

Case Verification Number: 2008129152116ZU

Initial Verification:

| | | | |
|-------------------------|---------------|-----------------------|--|
| Last Name: | Lam | First Name: | Duc |
| Middle Initial: | | Maiden Name: | |
| Social Security Number: | 729-12-1213 | Date of Birth: | 07/10/1963 |
| Hire Date: | 05/08/2008 | Citizenship Status: | Lawful Permanent Resident (Alien # required) |
| Alien Number: | 057746350 | I-94 Number: | |
| Card Number: | WAC0804850454 | | |
| Document Type: | I-551 | Doc. Expiration Date: | |
| Initiated By: | ESAG1816 | Initiated On: | 05/08/2008 |

Initial Verification Results:

| | | | |
|---|-----|--------------|------------|
| Last Name: | LAM | First Name: | DUC |
|  | | 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: |
|--------------|----------------|

Case Resolution:

| | | | |
|-----------------|---------------------|--------------|------------|
| Resolve Option: | Resolved Authorized | | |
| Resolved By: | ESAG1816 | Resolved On: | 05/08/2008 |