



SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/22/2008
Page: 1 of 1

Case Verification Number: 2008296131144LA

Initial Verification:

Last Name:	Kongkeo	First Name:	Mai
Middle Initial:		Maiden Name:	
Social Security Number:	621-52-2069	Date of Birth:	04/22/1990
Hire Date:	10/20/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	072612084	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	02/14/2010
Initiated By:	ESAG1816	Initiated On:	10/22/2008

Initial Verification Results:

Last Name:	KONGKEO	First Name:	MAI
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 By:	ESAG1816	Resolved On:	10/22/2008

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EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Kongkeo
Apellido Nombre

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

ADDRESS: 1421 Meadow Ln SW
Direccion

CITY: Rochester STATE: MN ZIP: 55902
Ciudad Estado Zona Postal

HOME PHONE #: _____ CELL PHONE #: (507) 319-6166
Teléfono Celular teléfono

DATE OF BIRTH: 4/22/90
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 1021-52-2069
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: See Kongkeo
Nombre

PHONE #: (507) 319-5745
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 10/13/08 START DATE: 10/20/08 TERM DATE: _____

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

DEPARTMENT: RO-2 SUPERVISOR: Isabel

PRIMARY LANGUAGE: English WORKERS COMP CODE: 6504

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

TAXED on: 10/23/08
by: [Signature]

MINNESOTA
DRIVER'S LICENSE
PROVISIONAL

UNDER 21



MAI KONGKEO
1421 MEADOW LN SW
ROCHESTER, MN 55902

Date of Birth 04-22-1990 AGE 18 04-22-2008

Sex M Eyes BRN Class D

Height 5-6 Weight 155

ISSUED 02-2008 EXPIRES 02-14-2010

L492165077315

Mai Kongkeo

SOCIANS SPOURRY

021-52-2069

THIS NUMBER HAS BEEN ESTABLISHED FOR
MAI KONGKEO



Mai Kongkeo
SIGNATURE