

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/18/2008
Page: 1 of 1

Case Verification Number: 2008231123718PT

Initial Verification:

Last Name:	Somvilai	First Name:	Mon
Middle Initial:		Maiden Name:	
Social Security Number:	227-21-4165	Date of Birth:	02/06/1960
Hire Date:	08/15/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	025050562	I-94 Number:	
Card Number:	AAA0000000000		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	08/18/2008

Initial Verification Results:

Last Name:	SOMVILAI	First Name:	MON
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:	08/18/2008

SENSITIVE BUT UNCLASSIFIED

RESIDENT ALIEN

SOMVILAI, MON



020660

A25050562

SFR. REG

MON Somilai

ALIEN REGISTRATION RECEIPT CARD

PERSON IDENTIFIED BY THIS CARD IS ENTITLED TO RESIDE PERMANENTLY AND WORK IN THE U.S.

25050562	11	00	065	302	71573
<small>A NUMBER</small>	<small>ISSY</small>	<small>EX</small>	<small>ST</small>	<small>MT</small>	<small>PARTY 1</small>
9977	03902	03906	50260	17364	
<small>SPO</small>	<small>ISSY 1</small>	<small>ISSY 2</small>	<small>ISSY 3</small>	<small>PARTY 2</small>	
060480	203	062	19514	4103829	
<small>ADM. ISS. DATE</small>	<small>DOB</small>	<small>ISS. DATE</small>	<small>SOURCE</small>	<small>PARTY 3</small>	

Form 1-24, JAN 77

INDEXED
 ON: 7/15/08
 BY: SA

MINNESOTA
DRIVER'S LICENSE



MON SOMVILAI
 986 21ST ST SE
 ROCHESTER, MN 55904

Date of Birth 02-06-1960
 Sex Eyes Class
 F BRN D
 Height Weight
 4-11 115
 ISSUED 01-2005 EXPIRES 02-06-2009

M693176079518

mon somvilai

SOCIAL SECURITY

227-21-4165

THIS NUMBER HAS BEEN ESTABLISHED FOR

MON SOMVILAI

mon somvilai
 SIGNATURE

RESIDENT ALIEN
 U.S. Department of Justice - Immigration and Naturalization Service

SOMVILAI, MON



020660
 A25050562
 SFR REG

mon somvilai



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE 4/04/08

Name Somvilai Mon
Last First Middle Maiden

Present address 986 21st St SE, Rochester, MN 55904
Number Street City State Zip

How long 14 yrs Social Security No. 227 - 21 - 4165

Telephone (577) 280-4428

If under 18, please list age _____ Referred by Monica P. Nakh's neighbor

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

How many hours can you work weekly? _____ Can you work nights? _____

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	<u>had schooling in Laos.</u>			
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. _____

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 N/A 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 _____	Supervisor name _____	
Position _____	Employment dates	Pay or salary
Company <u>Textile Care</u>	From <u>3/97</u>	Start
Address <u>225 Woodlake Dr. SE</u>	To <u>12/07</u>	Final <u>\$10.68</u>
<u>Roch. MN.</u>	Your last job title _____	
Telephone <u>(507) 252-7555</u>		

Reason for leaving (be specific) Laid off

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

Folding, various duties

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.