

FAXED on: 10/08/08
by: CS

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 10/08/2008
Page: 1 of 1

Case Verification Number: 2008282125211CL

Initial Verification:

Last Name:	Prak	First Name:	Morn
Middle Initial:		Maiden Name:	
Social Security Number:	470-19-7566	Date of Birth:	02/01/1952
Hire Date:	10/07/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	071011477	I-94 Number:	
Card Number:	LIN0103352657		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	10/08/2008

Initial Verification Results:

Last Name:	PRAK	First Name:	MORN
			
	Click to Enlarge	Expire Date:	INDEFINITE

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:	10/08/2008



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Prak
Apellido Nombre

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

ADDRESS: 5410 Duvall St NW
Direccion

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

HOME PHONE #: (507) 536-0277 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 2/1/52
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 470-19-7566
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:	<u>Mach Prak (son)</u>
Nombre	
PHONE #:	<u>Same as above</u>
Teléfono	

FOR CMG USE ONLY:

HIRE DATE: 10/7/08 START DATE: 10/08/08 TERM DATE: _____

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

DEPARTMENT: Orics SUPERVISOR: Rick

PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 0504

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



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10/6/09

Name Moin Prak
Last First Middle Maiden

Present address 5410 Duvall St. New Rochester MN 55901
Number Street City State Zip

How long 8 yrs Social Security No. 470-19-7566

Telephone 507 536-0277

If under 18, please list age _____ Referred by Hoes Yem

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

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? immediate

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>Phnom Penh</u>	<u>Cambodia</u>	<u>8</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 _____ 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 Marsden Bldg <u>Morn Prak</u>	Supervisor name <u>Marcia J Latz</u>	
Position <u>Clean, maintenance</u>	Employment dates	Pay or salary
Company <u>Marsden Bldg</u>	From <u>Jan 2, 2002</u>	Start <u>\$8.00</u>
Address <u>IBM</u>	To _____	Final <u>\$8.25</u>
Telephone <u>(507) 292-9050</u>	Your last job title <u>Bldg Maintenance</u>	

Reason for leaving (be specific) need a better, stable job

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. operate vertical, clean building (offices)

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.