

FAKED by: 8/7/09 EA

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 08/06/2009
Page: 1 of 1

Case Verification Number: 2009218135158GU

Initial Verification:

Last Name:	Tran	First Name:	Ngoc
Middle Initial:		Maiden Name:	
Social Security Number:	603-58-6183	Date of Birth:	03/20/1974
Hire Date:	08/06/2009	Citizenship Status:	Citizen of the United States
Alien Number:		I-94 Number:	
Passport or Passport Card Number:	451276044	Visa Number:	
Document Type:	Unexpired U.S. Passport or Passport Card	Doc. Expiration Date:	01/12/2019
Initiated By:	ESAG6409	Initiated On:	08/06/2009

Initial Verification Results:

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 On:	08/06/2009
Resolved By:	ESAG6409		

SENSITIVE BUT UNCLASSIFIED



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Tran
Apellido Nombre

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

ADDRESS: 1525 4th Ave SE Apt 3
Direccion

CITY: Rochester STATE: MN ZIP: 55904
Ciudad Estado Zona Postal

HOME PHONE #: (507) 226-1223 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 3/20/74
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 403-58-6183
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: _____
Nombre

PHONE #: _____
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 8/6/09 START DATE: 8/6/09 TERM DATE: _____

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

DEPARTMENT: _____ SUPERVISOR: Jay

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: 0504

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

Revised February 2008

MINNESOTA
DRIVER'S LICENSE



NGOC THAO TRAN
1525 4TH AVE SE APT #3
ROCHESTER, MN 55904

Date of Birth 03-20-1974
Sex Eyes Class
F BLK D
Height Weight
5-3 130
ISSUED 12-2007 EXPIRES 03-20-2011

B552064741512

Ngoc Thao Tran

SOCIAL SECURITY

SOCIAL SECURITY
603-58-6183
THIS NUMBER HAS BEEN ESTABLISHED FOR
NGOC THAO TRAN
ADMINISTRATION
Ngoc Thao Tran
SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 7-27-09

Name ^{Last} TRAN ^{1st} NGOC THAO
Last First Middle Maiden

Present address 1525 4th Ave SE MN. 55904
Number Street City State Zip

How long 3 years Social Security No. 603 - 58 - 6183

Telephone (507) 226-1223

If under 18, please list age: _____ Referred by FRIEND

Position applied for (1) OPEN Days/hours available to work
 and salary desired (2) OPEN
(Be specific)

How many hours can you work weekly? OPEN Can you work nights? YES

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				
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. _____

8/5/09
EL

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>ROCHESTER ROCAKER MEATS</u>	Supervisor name <u>LEANN HAACK</u>	
Position <u>PACKER</u>	Employment dates	Pay or salary
Company <u>ROCHESTER MEATS</u>	From <u>2-14-93</u>	Start <u>6⁰⁰</u>
Address <u>1725 7th St NW</u>	To <u>7-8-09</u>	Final <u>13¹⁹</u>
<u>ROCHESTER MN. 55901</u>	Your last job title <u>PACKER / BOXER</u>	
Telephone <u>(561) 529-4700</u>		

Reason for leaving (be specific) Misunderstanding

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.