



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Peterson
Apellido Nombre

FIRST NAME: Pacita MIDDLE INITIAL: B
Primero Nombre Segunda Inicial

ADDRESS: 1416 2nd St SW
Direccion

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

HOME PHONE #: (507) 282-7468 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 10/04/58
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 470-53-6342
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 - Philipino
Origen étnia

<p>EMERGENCY CONTACT INFORMATION INFORMACIÓN DE CONTACTO DE EMERGENCIA</p> <p>NAME: _____ Nombre</p> <p>PHONE #: _____ Teléfono</p>
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FOR CMG USE ONLY:

HIRE DATE: 9/15/09 START DATE: 9/16/09 TERM DATE: _____

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

DEPARTMENT: Orics SUPERVISOR: Rick/Isabel

PRIMARY LANGUAGE: Eng/Tagalog WORKERS COMP CODE: 0504

<p>EMPLOYMENT STATUS</p> <p>Agency Referral _____ CMG Recruit _____</p> <p>CMG Rollover Date: _____</p> <p>Client Rollover Date: _____</p>

FAXED



U.S. DEPARTMENT OF HOMELAND SECURITY, U. S. Citizenship and Immigration Services

EMPLOYMENT AUTHORIZATION CARD

The person identified is authorized to work in the U.S. for the validity of this card.

NAME **PETERSEN, PACITA B**

Pacita Peteran

A# 096-896-038

CARD # MSC0923825455

Birthdate **10/2** Category **C09** Sex **F**

Country **Philippines**

Terms and Conditions **None**



NOT VALID FOR REENTRY TO U.S.

CARD VALID FROM 08/04/09 EXPIRES 08/03/10

SENSITIVE BUT UNCLASSIFIED



FAXED

Department of Homeland Security
E-Verify

Report Prepared: 09/15/2009

Page: 1 of 1

Case Verification Number: 2009258170728UV

Initial Verification:

Last Name:	Petersen	First Name:	Pacita
Middle Initial:	B	Maiden Name:	
Social Security Number:	470-53-6342	Date of Birth:	10/24/1958
Hire Date:	09/15/2009	Citizenship Status:	Alien Authorized to Work (Alien or I94 # required)
Alien Number:	096896038	I-94 Number:	
Card Number:	MSC0923825455		
Document Type:	I-766	Doc. Expiration Date:	08/03/2010
Initiated By:	ESAG6409	Initiated On:	09/15/2009

Initial Verification Results:

Last Name:	PETERSEN	First Name:	PACITA
		Expire Date:	08/03/2010

[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:



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 9-11-2009

Name Pacita Petersen Pacita Banados
Last First Middle Maiden

Present address 1416 2nd st sw, Rochester MN 55902
Number Street City State Zip

How long 10 months Social Security No. 470-53-6342

Telephone (507) 282-7468

If under 18, please list age _____ Referred by _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
 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? A/D

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>Cebu Philippines</u>		<u>4 years</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 _____	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.

I had a little store in the Philippines.

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.

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Corporate Management Group, Inc., (hereinafter called "the Company"),

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Corporate Management Group, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. Both the undersigned and Corporate Management Group, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of applicant Pacita Petersen

Date: 9-11-2009