


 FAXED on 10/31/08
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 E-Verify

Report Prepared: 10/31/2008
 Page: 1 of 1

Case Verification Number: 2008305153701ZS

Initial Verification:

Last Name:	Mouv	First Name:	Robert
Middle Initial:		Maiden Name:	
Social Security Number:	469-17-1878	Date of Birth:	04/01/1970
Hire Date:	10/28/2008	Citizenship Status:	Citizen or National of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	10/31/2008

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:	10/31/2008
Resolved By:	ESAG1816		

SENSITIVE BUT UNCLASSIFIED

SOCIAL SECURITY

469-17-1878

THIS NUMBER HAS BEEN ESTABLISHED FOR

ROBERT MOUV

Robert mouv

SIGNATURE

MINNESOTA

DRIVER'S LICENSE



ROBERT MOUV
5106 24TH AVE NW
ROCHESTER, MN 55901

Date of Birth 04-01-1970

Sex	Eyes	Class
M	BRN	D

Height 5-9 Weight 150 DONOR M

ISSUED 03-2007 EXPIRES 04-01-2011

Robert mouv

B832037136813

80/13/01/150

83

80/13/01/150



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Mouu
Apellido Nombre

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

ADDRESS: 5106 24th Ave NW
Direccion

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

HOME PHONE #: (507) 281-8939 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 4/01/70
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 4609-17-1878
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: Lin Mouu
Nombre

PHONE #: (507) 289-1686
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 10/28/08 START DATE: 10/29/08 TERM DATE: _____

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

DEPARTMENT: Hormel SUPERVISOR: Jay

PRIMARY LANGUAGE: Cambodian/English WORKERS COMP CODE: 6504

EMPLOYMENT STATUS

Agency Referral _____ CMG Recruit _____

CMG Rollover Date: _____

Client Rollover Date: _____

Revised: February 2008



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 10-18-08

Name Mouw Robert w/A
Last First Middle Maiden

Present address 5106-24th AVE NW Rochester MN 55901
Number Street City State Zip

How long 10 years Social Security No. 469 - 17 - 1878

Telephone 567 281-8939 / 261-0341

If under 18, please list age _____ Referred by Chanthan Lim

Position applied for (1) production 3rd shift Days/hours available to work
 and salary desired (2) unspecified H3
(Be specific)

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? 40+ Can you work nights? yes

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? Immediately

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>Mayo High School</u>	<u>11th AVE SE</u>	<u>1993</u>	<u>Diploma</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. _____

MN CH-GR 10/20/08

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>Bench mark Electronic</u>	Supervisor name <u>Mike</u>	
Position <u>Assembler Electronic</u>	Employment dates	Pay or salary
Company <u>Bench mark</u>	From <u>10-07</u>	Start <u>10.32 hrs</u>
Address <u>3535 Technology Dr.</u> <u>NW Rochester</u>	To <u>10-08</u>	Final <u>10.85 hrs</u>
Telephone <u>(507) 535-4327</u>	Your last job title <u>Assembler</u>	

Reason for leaving (be specific) (Lay-OFF) closed no more orders.

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Built medical products like diabetes For medical device Test and inspected.

Name <u>IBM</u>	Supervisor name <u>Ahmed kulour's</u>	
Position <u>production operator</u>	Employment dates	Pay or salary
Company <u>IBM Corp.</u>	From <u>08-2000</u>	Start <u>10.30 hrs</u>
Address <u>3605 Hilly 52 N</u> <u>Rochester, MN 55901</u>	To <u>07-2006</u>	Final <u>14.00 hrs</u>
Telephone <u>(507) 253-0650</u>	Your last job title <u>production operator.</u>	

Reason for leaving (be specific) IBM get (Lay-OFF)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company.
Built computer AS/400 and RS/6000 Tested and inspected For Customer Services.