

FAXED BY: ES
 OF: L12109

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 E-Verify

Report Prepared: 12/29/2008
 Page: 1 of 1

Case Verification Number: 2008364145809LF

Initial Verification:

Last Name:	Eggen	First Name:	Rothmonee
Middle Initial:		Maiden Name:	
Social Security Number:	470-53-6441	Date of Birth:	08/10/1966
Hire Date:	12/29/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	087278039	I-94 Number:	
Card Number:	MSC0812920684		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	12/29/2008

Initial Verification Results:

Last Name:	EGGEN	First Name:	ROTHMONEE
		Expire Date:	INDEFINITE

[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: _____

Case Resolution:

Resolve Option:	Resolved Authorized	Resolved On:	12/29/2008
Resolved By:	ESAG6409		



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Eggen
Apellido Nombre

FIRST NAME: Rothmonee MIDDLE INITIAL: _____
Primer Nombre Segunda Inicial

ADDRESS: 1232 4th Ave SW #15
Direccion

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

HOME PHONE #: (507) 884-9779 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 8/10/66
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 470-53-6441
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) Cambodian
Origen étnia

EMERGENCY CONTACT INFORMATION

INFORMACIÓN DE CONTACTO DE EMERGENCIA

NAME: _____
Nombre

PHONE #: _____
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 12/29/08 START DATE: _____ TERM DATE: _____

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

DEPARTMENT: Hormel SUPERVISOR: _____

PRIMARY LANGUAGE: Cambodian 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 12.12.08

Name Rothmonee Eggen
Last First Middle Maiden

Present address 1232 4th Ave SW #15 Rochester MN 55902
Number Street City State Zip

How long 1 month Social Security No. 470 - 53 - 6441

Telephone (507) 884 9779

If under 18, please list age 42 Referred by Cham / Sovern

Position applied for (1) 2nd shift Days/hours available to work
 and salary desired (2) \$ 7.00
(Be specific)

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? As soon as possible

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>Preah Monivong</u>	<u>Battambang, Cambodia</u>	<u>4 years</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. _____

12/19/08
EL

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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 <u>Asian Food Store</u>	From _____	Start <u>\$5.00</u>
Address <u>Rochester</u>	To <u>'07 (10 mo.)</u>	Final <u>under table</u>
Telephone (____) _____	Your last job title _____	

Reason for leaving (be specific) moved out of area

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.