Department of Homeland Security	Report Prepared: 08/21/2009
E-Verify	Page: 1 of 1

Case Verification Number: 2009233155024UP

Initial Verification:

Last Name:	Douangmychit	First Name:	Sao
Middle Initial:		Maiden Name:	
Social Security Number:	475-11-2031	Date of Birth:	09/29/1984
Hire Date:	08/21/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	027988611	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	09/29/2011
Initiated By:	ESAG6409	Initiated On:	08/21/2009

Initial Verification Results:

Last Name:	DOUANGMYCHIT	First Name:	SAO
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 By:	ESAG6409	Resolved On:	08/21/2009

EMPLOYEE INFORMATION SHEET
(STRICTLY CONFIDENTIAL)

CMG CORPORATE MANAGEMENT GROUP

CLIENT: Reichel Foods

LAST NAME: Douangmychit
Apellido Nombre

FIRST NAME: Sao
Primero Nombre

MIDDLE INITIAL:
Segunda Inicial

ADDRESS: 945 Chalet Dr NW
Direccion

CITY: Rochester
Ciudad

STATE: MN
Estado

ZIP: 55901
Zona Postal

HOME PHONE #: (507) 250-7733
Teléfono

CELL PHONE #:
Celular teléfono

DATE OF BIRTH: 9/29/84
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 475-11-2031
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: Chanh Douangmychit (Dad)
Nombre

PHONE #: (507) 273-2263
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 8/21/09   **START DATE:** 8/24/09   **TERM DATE:** _____

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

DEPARTMENT: Orics   **SUPERVISOR:** Isabel

PRIMARY LANGUAGE: 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 08/06/09

Name **Douangmychit Sao**
Last First Middle Maiden

Present address **945 Chalet DRNW   ROCHESTER   MN   55901**
Number Street   City   State   Zip

How long **5 years**   Social Security No. ___ - ___ - ___

Telephone (507) 250-7733

If under 18, please list age ___   Referred by **Wat Dhedta/Jimmy Douangmychit**

Position applied for (1) **OPEN**
and salary desired (2) **$7.50 +**
(Be specific)

Days/hours available to work
No Pref **1 & 2 sh Thur 1 & 2 shift**
Mon **1 & 2 sh Fri 1 & 2 shift**
Tue **1 & 2 sh Sat 1 & 2 shift**
Wed **1 & 2 sh Sun 1 & 2 shift**

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

Employment desired **X** 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?
X No ___ Yes   If so, please explain ___

Do you anticipate any absences from work on a regular basis?
X No ___ Yes   If so, please explain ___

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	John Marshall	Rochester, MN	3	Basics
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? **X** 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. ___

8/6/09

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 fazolis Saw Douangmyewt	Supervisor name Scott	
Position Associate	Employment dates	Pay or salary
Company fazolis	From April 09	Start 7.25
Address 5550 Hwy 52 N	To June 20th 09	Final 7.25
Rochestr MN 55901		
Telephone (507) 286-8763	Your last job title associate	

Reason for leaving (be specific) Not enough hours

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Kithen cook, Salud prep, pasta cook, cashir

Name Rochester Saw Douangmychit	Supervisor name Moua Lor	
Position Palletizr	Employment dates	Pay or salary
Company Rochester Meuts	From feo 09	Start 9.00
Address 1025 7th st	To Murch 09	Final 9.00
Rochestr MN 55901		
Telephone (507) 289-0701	Your last job title palletizr	

Reason for leaving (be specific) Temporary

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Company. Stack boxed produce on pallets