

FAXED ON: 8/18/08
 by: *ES*

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
 E-Verify

Report Prepared: 08/18/2008
 Page: 1 of 1

Case Verification Number: 2008231124714RP

Initial Verification:

Last Name:	Nheb	First Name:	Saroeun
Middle Initial:		Maiden Name:	
Social Security Number:	731-12-9138	Date of Birth:	06/10/1957
Hire Date:	08/15/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	059792498	I-94 Number:	
Card Number:	WAC0810150865		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG1816	Initiated On:	08/18/2008

Initial Verification Results:

Last Name:	NHEB	First Name:	SAROEUN
		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:	08/18/2008
Resolved By:	ESAG1816		



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Nheb
Apellido Nombre

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

ADDRESS: 1341 4th Ave SE
Direccion

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

HOME PHONE #: (507) 271-1294 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 10/7/57
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 731-12-9138
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

<p>EMERGENCY CONTACT INFORMATION INFORMACIÓN DE CONTACTO DE EMERGENCIA</p> <p>NAME: <u>Saren Chhorn</u> Nombre</p> <p>PHONE #: <u>(507) 802-7646</u> Teléfono</p>
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FOR CMG USE ONLY:

HIRE DATE: 8/15/08 START DATE: 8/18/08 TERM DATE: _____

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

DEPARTMENT: H-2 SUPERVISOR: Rick

PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 6504

<p align="center">EMPLOYMENT STATUS</p> <p>Agency Referral _____ CMG Recruit _____</p> <p>CMG Rollover Date: _____</p> <p>Client Rollover Date: _____</p>
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Revised February 2008

