

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/13/2009
Page: 1 of 1

Case Verification Number: 2009013141216YX

Initial Verification:

Last Name:	Chum	First Name:	Sreyleak
Middle Initial:		Maiden Name:	
Social Security Number:	474-47-4269	Date of Birth:	04/14/1981
Hire Date:	01/13/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	057981676	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	04/14/2012
Initiated By:	ESAG6409	Initiated On:	01/13/2009

Initial Verification Results:

Last Name:	CHUM	First Name:	SREYLEAK
Initial Eligibility:	EMPLOYMENT AUTHORIZED		

SSA Referral:

Referral By:	Referral Date:
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Verification Response:

Eligibility:	Response Date:
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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:
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DHS Referral:

Referral By:	Referral Date:
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DHS Referral Results:

Eligibility:	Response Date:
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Case Resolution:

Resolve Option:	Resolved Authorized		
Resolved By:	ESAG6409	Resolved On:	01/13/2009

SENSITIVE BUT UNCLASSIFIED

1/13/09
SREYLEAK CHUM

SOCIAL SECURITY

474-47-4269

THIS NUMBER HAS BEEN ESTABLISHED FOR
SREYLEAK CHUM

SreyLeak Chum
SIGNATURE

MINNESOTA
DRIVER'S LICENSE



SREYLEAK CHUM
4321 20TH AVE NW
ROCHESTER, MN 55901

Date of Birth	04-14-1981	
Sex	Eyes	Class
F	BRN	D
Height	Weight	
5-2	115	

ISSUED 07-2008 EXPIRES 04-14-2012

SreyLeak Chum

J520117088707



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Chem
Apellido Nombre

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

ADDRESS: 4321 20th Ave NW
Direccion

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

HOME PHONE #: (501) 289-6215 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 4/17/81
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 474-47-4209
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: <u>Jovann Krouck</u>	Nombre
PHONE #: <u>same as above</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 1/13/09 START DATE: 1/14/09 TERM DATE: _____

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

DEPARTMENT: Rotary SUPERVISOR: Rick/Isabel

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 05/20/09

Name Sreyleak Chum
Last First Middle Maiden

Present address 4321 20th AVE NW Rochester M.N 55901
Number Street City State Zip

How long 3 years Social Security No. 474 - 47 - 4269

Telephone (507) 289-6215

If under 18, please list age _____ Referred by Roth Soman

Position applied for (1) Assembly Days/hours available to work
(Be specific) 3rd shift No Pref _____ Thur ✓
 and salary desired (2) \$7.50 Mon ✓ Fri ✓
goes to school 3p-7pm Tue ✓ Sat _____
 Wed ✓ Sun _____

How many hours can you work weekly? 8 hours Can you work nights? yes, after 7

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

When available for work? Any time open

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>Cambodia</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. _____

*updated profile
 "Inactive Emps"
 6/18/09
 ed*

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>CMG</u>	Supervisor name <u>Rick Sabel</u>	
Position _____	Employment dates	Pay or salary
Company <u>Reichel Food LLC</u>	From <u>1 month</u>	Start <u>7.50</u>
Address <u>3706 Metro Blvd, suite 635</u>	To _____	Final <u>7.50</u>
<u>Edina, MN 55439</u>	Your last job title _____	
Telephone <u>(952) (507) 289 7264</u>		

Reason for leaving (be specific) Lay off

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.