

SENSITIVE BUT UNCLASSIFIED

4/16/09
 FAXED BY: EA

Department of Homeland Security
 E-Verify

Report Prepared: 04/16/2009
 Page: 1 of 1

Case Verification Number: 2009106121753XL

Initial Verification:

Last Name:	Khathiya	First Name:	Tan
Middle Initial:		Maiden Name:	
Social Security Number:	346-68-5560	Date of Birth:	09/04/1958
Hire Date:	04/13/2009	Citizenship Status:	Alien Authorized to Work (Alien or I94 # required)
Alien Number:	025034781	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	04/16/2009

Initial Verification Results:

Last Name:	KHATHIYA	First Name:	TAN
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:	04/16/2009

SENSITIVE BUT UNCLASSIFIED



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

DATE: 4/16/09
TAXED BY: EQ

CLIENT: Reichel Foods

LAST NAME: Khathiya
Apellido Nombre

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

ADDRESS: 204 20th St SW
Direccion

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

HOME PHONE #: (507) 271-8108 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 9/4/58
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 346-68-5560
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>Vanh Khathiya</u>	Nombre
PHONE #: <u>(507) 262-8919</u>	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 4/13/09 START DATE: 4/13/09 TERM DATE: _____

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

DEPARTMENT: Hormel SUPERVISOR: Jay

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: 0504

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit _____
CMG Rollover Date: _____	
Client Rollover Date: _____	

4/16/09
72
MAY 2009

MINNESOTA
DRIVER'S LICENSE



TAN KHATHIYA
204 20TH ST SW
ROCHESTER, MN 55902-2236

Date of Birth 09-04-1958
Sex Eyes Class
M BRN D
Height Weight
5-4 140
ISSUED 08-2005 EXPIRES 09-04-2009

Tan Khathiya

Q977149698923

SOCIAL SECURITY

346-68-5560

THIS NUMBER HAS BEEN ESTABLISHED FOR

TAN KHATHIYA KHATHIYA

Tan Khathiya
SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 2/10/09

Name KHATHIYA TAN
Last First Middle Maiden

Present address 204 20TH ST SW ROCHESTER MN 55902
Number Street City State Zip

How long 9 yrs Social Security No. 340-68-5360

Telephone 507-271-8102

If under 18, please list age 7 yrs Referred by KONGSEE

Position applied for (1) PACKING Days/hours available to work
 and salary desired (2) OPEN
 (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? any day

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>Complete Basic</u>	<u>LESK</u>		<u>NONE</u>
College	<u>NONE</u>			
Bus. or Trade School	<u>NONE</u>			
Professional School	<u>NONE</u>			

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. _____

2/10/09
ES