

FAXED  
8/24/09  
Ed

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 08/24/2009

Page: 1 of 1

Case Verification Number: 2009236145703RG

**Initial Verification:**

Last Name:	Khol	First Name:	Thong
Middle Initial:		Maiden Name:	
Social Security Number:	474-53-3531	Date of Birth:	10/05/1948
Hire Date:	08/21/2009	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	060617146	I-94 Number:	
Card Number:	WAC0917150585		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	08/24/2009

**Initial Verification Results:**

Last Name:	KHOL	First Name:	THONG
		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: \_\_\_\_\_



# EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: Khol  
Apellido Nombre

FIRST NAME: Thongy MIDDLE INITIAL: \_\_\_\_\_  
Primero Nombre Segunda Inicial

ADDRESS: 5601 Hwy 63 Lot 22  
Direccion

CITY: Rochester STATE: MN ZIP: 55906  
Ciudad Estado Zona Postal

HOME PHONE #: (507) 252-3449 CELL PHONE #: \_\_\_\_\_  
Teléfono Celular teléfono

DATE OF BIRTH: 10/05/48  
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 474-53-3531  
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>Dary Kim</u>	Nombre
PHONE #: <u>(507) 319-6755</u>	Teléfono

### FOR CMG USE ONLY:

HIRE DATE: 8/21/09 START DATE: 8/21/09 TERM DATE: \_\_\_\_\_

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

DEPARTMENT: Hormel SUPERVISOR: Rick

PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 0504

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





## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 7-27-09.

Name Khol Thong  
Last First Middle Maiden

Present address 5601 Hwy 63 N Rochester NY 55906.  
Number Street City State Zip

How long 3 months Social Security No. 474-53-3531

Telephone (501) 319-6755

If under 18, please list age \_\_\_\_\_ Referred by friend, Chanthocun ruth and Stvorn Kim.

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

No Pref  Thur   
 Mon  Fri   
 Tue  Sat   
 Wed  Sun

How many hours can you work weekly? anytime Can you work nights? yes

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

When available for work? anytime

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>	<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. \_\_\_\_\_