

SENSITIVE BUT UNCLASSIFIED

5/28/09
21

Department of Homeland Security
E-Verify

Report Prepared: 05/28/2009
Page: 1 of 1

Case Verification Number: 2009148143728XZ

Initial Verification:

Last Name:	So	First Name:	Virak
Middle Initial:		Maiden Name:	
Social Security Number:	469-33-7380	Date of Birth:	11/11/1971
Hire Date:	05/28/2009	Citizenship Status:	Citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	
Initiated By:	ESAG6409	Initiated On:	05/28/2009

Initial Verification Results:

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:	05/28/2009

SENSITIVE BUT UNCLASSIFIED



EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

CLIENT: Reichel Foods

LAST NAME: So
Apellido Nombre

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

ADDRESS: 1925 44th St NW
Direccion

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

HOME PHONE #: _____ CELL PHONE #: 990-9592
Teléfono Celular teléfono

DATE OF BIRTH: 11/11/71
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 469-33-7380
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>Mara Kung</u>	Nombre
PHONE #: _____	Teléfono

FOR CMG USE ONLY:

HIRE DATE: 5/28/09 START DATE: 5/28/09 TERM DATE: _____

SALARY (Hourly): \$750 SHIFT DIFFERENTIAL _____ SHIFT: 1-DAY 2-NIGHT 3-OVERNIGHT

DEPARTMENT: Hormel SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: 6504

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

PAID
ON 03/09
ASST

MINNESOTA
DRIVER'S LICENSE



VIRAK SO
2061 48TH ST NW
ROCHESTER, MN 55901

Date of Birth 11-11-1971
Sex Eyes Class
M BRN D
Height Weight
5-6 140

ISSUED 03-2009 EXPIRES 11-11-2013

X704279826311

SOCIAL SECURITY

SOCIAL SECURITY
969-33-7380
THIS NUMBER HAS BEEN ESTABLISHED FOR
VIRAK SO
ADMINISTRATOR

So-Verak
SIGNATURE *So-Verak*



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE 5-13-2009

Name So Vireak
Last First Middle Maiden

Present address 1925 44th st NW Rochester MN 55901
Number Street City State Zip

How long 1 year Social Security No. 469 - 33 - 7380

Telephone (507) 990 9592

If under 18, please list age _____ Referred by Mara

Position applied for (1) open 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? open Can you work nights? yes

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

When available for work? any time

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. _____

5/18/09
EL

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>Smith Printing Hwy 14.w</u>		Supervisor name <u>Phil Hanson</u>	
Position <u>machine operator</u>		Employment dates	Pay or salary
Company _____		From <u>9/98</u>	Start <u>\$9.00</u>
Address <u>Byron, MN</u>		To <u>1/09</u>	Final <u>\$13.60</u>
Telephone (507) <u>775-7560</u> <u>990-9892</u>		Your last job title <u>Machine operator</u>	

> 10 yrs

Reason for leaving (be specific) Laid off

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

Name <u>Pomplas Hwy 22</u>		Supervisor name <u>775-7560</u>	
Position <u>Assembly</u>		Employment dates	Pay or salary
Company _____		From <u>12/97</u>	Start <u>8:75</u>
Address <u>Rochester</u>		To <u>5/98</u>	Final <u>8:75</u>
Telephone (507) <u>775-7560</u>		Your last job title <u>Assembly</u>	

Reason for leaving (be specific) Laid off

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