

FAXED on: 3/28/08
by: Es

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 01/02/2008
Page: 1 of 1

Case Verification Number: 2008002142830XE

Initial Verification:

Last Name:	Vongkeo	First Name:	Yaeb
Middle Initial:		Maiden Name:	
Social Security Number:	469-23-9465	Date of Birth:	04/03/1963
Hire Date:	12/28/2007	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	071457327	I-94 Number:	
Card Number:	LIN0220954758		
Document Type:	I-551	Doc. Expiration Date:	
Initiated By:	LNOD0884	Initiated On:	01/02/2008

Initial Verification Results:

Last Name:	VONGKEO	First Name:	Y.AEB
		Expire Date:	INDEFINITE

[Click to Enlarge](#)

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:	LNOD0884	Resolved On:	01/02/2008

EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

LAST NAME: Vongkeo
Apellido Nombre

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

ADDRESS: 1218 2nd St. SE
Direccion

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

HOME PHONE #: 507-529-9256 CELL PHONE #: 507-271-3374
Teléfono Celular teléfono

DATE OF BIRTH: 4/3/1963
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 469-239-465
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>Dee Vongkeo</u>	
Nombre	
PHONE #: <u>507-271-3374</u>	
Teléfono	

FOR CMG USE ONLY:

HIRE DATE: 12/27/07 START DATE: 12/28/07 TERM DATE: _____

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

DEPARTMENT: Rotary SUPERVISOR: _____

PRIMARY LANGUAGE: _____ WORKERS COMP CODE: 6504

3/31 - CMG
6/30 - ESG

EMPLOYMENT STATUS	
Agency Referral _____	CMG Recruit _____
CMG Rollover Date: <u>3/31/08</u>	
<u>ESG</u> Client Rollover Date: <u>6/30/08</u>	

