



11

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 7-20-06

Date of Termination: _____

First Name/Primer Nombre: Vandy

Middle Name/Segundo Nombre: _____

Last Name/Apellido (Paterno): An

Address/Domicilio: 4819 22nd Ave NW

City/Ciudad: Rochester State/Estado: MN

Zip Code/Código Postal: 55901

Phone No./Número de teléfono _____

Birth Date/Fecha de Nacimiento: 05-04-60

Social Security No./Número de Seguro Social: 468-43-6503

Ethnic ID/Identificación étnica: White, Black, Hispanic(Hispano/a), Asian, Indian
Asian

Gender/Género: Female/Mujer Male/Hombre _____

Marital Status/Estado Civil: Married/Casado/a Single/Soltero/a _____

| | | |
|---|--|---|
| To be completed by CMG: | | <u>NOON - 6:30 pm</u> |
| Salary: (Hourly) <u>\$ 7.50</u> | | |
| WC Code: <u>3559</u> Dept/Shift <u>R-2</u> | Employee No.: | <u>748</u> |
| Function: (Manufacturing, Production, Finance, Human Resources) | | |
| Type of ID, No/Expiration Date: | <u>Perm Res.</u> <u>A 056-331-169</u> <u>8/23/15</u> | <u>MN DRS LC.</u> <u>A 500-839-014-341</u> <u>EXP. 5-4-08</u> |

Emergency Contact Information/Información de pariente en caso de emergencia

Name/Nombre: Phala Nhean

Address/Domicilio: Same

Phone No./Número de teléfono: Same.

2/18/06

SS# OK

REICHEL FOODS APPAREL

OK
KS 7/26

ALL EMPLOYEES MUST FILL OUT THIS FORM TO PLACE CLOTHING ORDER

CMG EMPLOYEES MUST FILL OUT THIS FORM **AND** ADDITIONAL AUTHORIZATION FORM

I, Vandy Ann (employee's name), hereby authorize my employer to deduct the dollar amount listed below from my next paycheck. No returns are accepted unless you receive a defective item. All sales are final.

| ITEM # | ITEM DESCRIPTION | COLOR | SIZE | QTY | PRICE EACH | TOTAL |
|--------------------|---------------------|----------------------------|------|-----|------------|----------|
| 720002 | Crewneck Sweatshirt | Heather Green PMS 7082C | M | 1 | \$ 21 | 1 |
| | | Heather Purple PMS 668C | M | 1 | \$ 21 | 1 |
| PC7814 | Hooded Sweatshirt | Heather Pink PMS 189C | S | 1 | \$ 24 | 1 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL ORDER | | | | | | <u>3</u> |

Print Name: Vandy An

Department: Hormel Shift: 1ST Date: 06-20-18

Signature: [Signature]

| Office Use Only: | |
|--------------------------|----------------|
| Date Entered: | <u>6-20-18</u> |
| Approved by: | <u>SF</u> |
| Effective Paycheck Date: | |

DRIVER'S LICENSE



VANDY AN
4819 22ND AVE NW
ROCHESTER, MN 55901

Date of Birth 05-04-1960

| Sex | Eyes | Class |
|-----|------|-------|
| F | BRN | D |

| Height | Weight |
|--------|--------|
| 5-5 | 122 |

ISSUED 04-2008

EXPIRES 05-04-2012

R808191065816

215