

FAXED

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 8-9-06
Term: 3/27/07
rehire: 9/27/07 Term 11/29/07
rehire: 8/22/08

First Name: Atong

Middle Name: Yail

Last Name: Yail

Address: ~~905 12th St S.E. 1004~~ 4th SE

City: Rochester State: MIN Zip: 55904

Phone number: (507) - 288-0752

Birth date: 7-15-73

Social Security Number: 591-87-9361

Ethnic ID: (White, Black, Hispanic, Asian, Indian) Black

Gender: Female Male

Marital Status: Married Single

Salary: (Hourly) \$7.50⁽⁰⁾

Department Number: H-3 Supervisor: _____

Function: (Manufacturing, Engineering, Finance, Human Resources) Prod.

Business Unit Code: 656
(Emp. No.)

Sub-Schedule Code: _____

Emergency Contact Information

Name: Amber Krause

Address: 2841 59th St. NW Roch. 55901

Phone number: (507) 292-0552

