



FAXED on: 1/14/07
by: Ed

EMPLOYEE INFORMATION SHEET

(STRICTLY CONFIDENTIAL)

LAST NAME: Thoeun Noth
Apellido Nombre

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

ADDRESS: 1822 19th St NW
Direccion

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

HOME PHONE #: (501) 282-7727 CELL PHONE #: _____
Teléfono Celular teléfono

DATE OF BIRTH: 11/9/56
Fecha de Nacimiento

SOCIAL SECURITY NUMBER: 731-09-9077
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: Sophea Thoeun
Nombre

PHONE #: (501) 319-5497
Teléfono

FOR CMG USE ONLY:

HIRE DATE: 1/4/08 START DATE: 1/7/08 TERM DATE: _____

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

DEPARTMENT: H-1 SUPERVISOR: Isabel

PRIMARY LANGUAGE: Cambodian WORKERS COMP CODE: 6504

EMPLOYMENT STATUS	
Agency Referral <input checked="" type="checkbox"/>	CMG Recruit _____
CMG Rollover Date:	<u>1/8/08</u>
Client Rollover Date:	_____

