

FAXED

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 11/2/06

Date of Termination: _____

First Name/Primer Nombre: Juana

Middle Name/Segundo Nombre: _____

Last Name/Apellido (Paterno): Arteaga

Address/Domicilio: 2221 Park La SE #255

City/Ciudad: Rochester State/Estado: MN

Zip Code/Código Postal: 55904

Phone No./Número de teléfono: (507) 271-4980

Birth Date/Fecha de Nacimiento: 9/26/68

Social Security No./Número de Seguro Social: 641-14-2764

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

Hispanic

Gender/Género: Female/Mujer Male/Hombre _____

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

* To be completed by CMG:

Salary: (Hourly) \$ 7.50 / \$ 8.50 (5/21/07)

WC Code: 6504 Dept/Shift H-1 Employee No.: 1048

Function: (Manufacturing, Production, Finance, Human Resources)

Type of ID, No/Expiration Date:

see attached

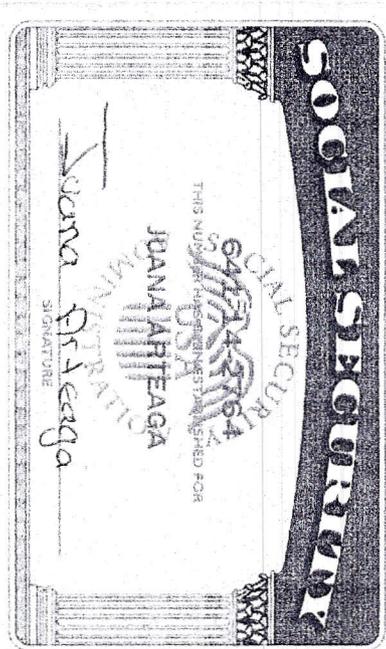
Emergency Contact Information/Información de pariente en caso de emergencia

Name/Nombre: Alejandro Jaime

Address/Domicilio: Same address as above

Phone No./Número de teléfono: (507) 289-5690

FAXED



10/31/06

SS office called
info agree.

