

FAXED
5-25



Employee Information Sheet

(Strictly Confidential)

Date of Hire: 5-29-07

Termination Date: _____

First Name: Kim Middle Name: Muoy

Last Name: Aing

Address: 26 11th Ave SE

City: Rochester State: MIN Zip: 55904

Phone number: (507) 202-8989

Cell Phone: _____

Birth date: 10-09-42

Social Security Number: 620-35-9970

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

Gender: Female Male

Marital Status: Married Single

Salary: (Hourly) \$7.50

Department: 0-3 Supervisor: _____

Workers Comp Code: 6504

Emergency Contact Information

Name: Vannak Peou

Address: 26 11th Ave SE

City: Rochester State: MIN Zip code: 55904

Phone number: (507) 202-8989

