

8/8/07
FAXED



Employee Information Sheet

(Strictly Confidential)

Date of Hire: 8-8-07

Termination Date: _____

First Name: Lorena Middle Name: _____

Last Name: Sanchez

Address: 2315 Park Lane SE #113

City: Rochester State: MN Zip: 55906

Phone number: 507 206 1141

Cell Phone: _____

Birth date: 11-25-1984

Social Security Number: 678-10-9056

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

Gender: Female Male _____

Marital Status: Married _____ Single

Salary: (Hourly) \$ 7.50

Department: #41 Supervisor: Jeff

Workers Comp Code: 6504

Emergency Contact Information

Name: Mauricio Cabrera

Address: Same

City: Same State: _____ Zip code: _____

Phone number: 507 206-1990

MINNESOTA

IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



LORENA CABRERA
1618 MARION RD #19
ROCHESTER, MN 55904

Date of Birth 11-25-1984

Sex	Eyes	Class
F	BRN	ID

Height	Weight
5-10	156

ISSUED 07-2008

EXPIRES 11-25-2011

E245034183311

Lorena Cabrera

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8/8/07

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE



LORENA SANCHEZ CABRAL
2315 PARK LN SE #113
ROCHESTER, MN 55904

Date of Birth 11-25-1984
Sex Eyes Class
F BRN ID
Height Weight
5-10 156
ISSUED 05-2007 EXPIRES 11-25-2011

E245034183311

Lorena Sanchez C.

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