



FAXED By: _____
Date: _____

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 3/21/07

Termination Date: _____

First Name: Michael Middle Name: _____

Last Name: Lewis

Address: 509 33rd St SW / 1903 17th St SE

City: Rochester State: MIN Zip: 55902

Phone number: (501) 202-3910 55904

Cell Phone: _____

Birth date: 6/30/62

Social Security Number: 358-54-4824

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

Gender: Female _____ Male

Marital Status: Married Single _____

Salary: (Hourly) \$7.50

Department: H-1 Supervisor: Isabel

Workers Comp Code: 6504

Emergency Contact Information

Name: Angela Lewis

Address: 509 33rd St SW

City: _____ State: _____ Zip code: _____

Phone number: (501) 202-4392