

FAXED
10/18/06

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 10-23-06

Date of Termination: _____

First Name/Primer Nombre: Mom

Middle Name/Segundo Nombre: _____

Last Name/Apellido (Paterno): Sin

Address/Domicilio: 427 9th St NW

City/Ciudad: Rochester State/Estado: MN

Zip Code/Código Postal: 55901

Phone No./Número de teléfono (507) 271-2589

Birth Date/Fecha de Nacimiento: 1-4-64

Social Security No./Número de Seguro Social: 030-64-0795

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

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

WC Code: 6504 Dept/Shift R-2 Employee No.: 753

11:30 -

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: Paoun Sin

Address/Domicilio: Broadway St. Rochester MN

Phone No./Número de teléfono: (507) 292-0262

**MINNESOTA
INSTRUCTION PERMIT**



MOM SIN
427 9TH ST NW
ROCHESTER, MN 55901

Date of Birth 01-04-1964

Sex Eyes Class

F BRN IP

Height Weight

4-10 120

ISSUED 10-2005

EXPIRES 10-21-2007

E605053145611

RESIDENT ALIEN

U.S. Department of Justice - Immigration and Naturalization Service

SIN-MOM



010464

A27319010

BOS-REG

SIN MOM



SOCIAL SECURITY

VALID FOR WORK ONLY
WITH INS AUTHORIZATION

930-64-0795

THIS NUMBER HAS BEEN ESTABLISHED FOR

MOM SIN

ADMINISTRATION

MOM SIN

SIGNATURE

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