



FAXED 4/2/07

Employee Information Sheet (Strictly Confidential)

Date of Hire: 4/2/07 M.P.

Termination Date: _____

First Name: Prim Middle Name: _____

Last Name: Sin

Address: 1309 50th St NW

City: Rochester State: MN Zip: 55901

Phone number: (507) 281-2096

Cell Phone: _____

Birth date: 7/6/38

Social Security Number: 733-07-2233

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

Gender: Female Male _____

Marital Status: Married _____ Single

Salary: (Hourly) \$ 7.50

Department: NO 1 Supervisor: _____

Workers Comp Code: 6504

Emergency Contact Information

Name: Vanny Sin

Address: same

City: _____ State: _____ Zip code: _____

Phone number: same

