



FAXED
9/5/07

Employee Information Sheet (Strictly Confidential)

Date of Hire: 9/6/07

Termination Date: _____

First Name: Samoewn Middle Name: _____

Last Name: Out

Address: 5000 25th Ave NW

City: Rochester State: MN Zip: 55901

Phone number: (507) 819-5758

Cell Phone: _____

Birth date: 2/11/51

Social Security Number: 469-51-1229

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

Gender: Female _____ Male

Marital Status: Married _____ Single

Salary: (Hourly) \$7.50

Department: H-2 Supervisor: Rick

Workers Comp Code: 6504

Emergency Contact Information

Name: Chamrong Out

Address: Same

City: _____ State: _____ Zip code: _____

Phone number: Same

