



FAXED
5-25

Employee Information Sheet

(Strictly Confidential)

Date of Hire: 5-29-07

Termination Date: _____

First Name: Sovannary Middle Name: _____

Last Name: Peou

Address: 26TH 11TH AVE S.E.

City: Rochester State: MN Zip: 55904

Phone number: (507) 202-8989

Cell Phone: _____

Birth date: 10-10-86

Social Security Number: 617-55-6379

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

Gender: Female Male _____

Marital Status: Married _____ Single

Salary: (Hourly) \$ 7.50

Department: 0-3rd Supervisor: _____

Workers Comp Code: 6504

Emergency Contact Information

Name: Vannak Peou

Address: 26 11th Ave SE

City: Rochester State: MN Zip code: 55904

Phone number: (507) 202-8989



New Hire Checklist

Employee Name

Sovannany Peou

(Please print)

Expected start date:

5/29/07

	<u>Date given</u>	<u>Date returned</u>
CMG Employee Handbook Acknowledgment	<u>5/29</u>	<u>5/29</u>
CMG Confidentiality Agreement	<u> </u>	<u> </u>
Employment Application	<u>5/24/07</u>	<u>same</u>
Application Form Waiver	<u>5/24/07</u>	<u>same</u>
Direct Deposit Form	<u> </u>	<u> </u>
W-4 Form	<u>5/25/07</u>	<u>same</u>
I-9 Form	<u>5/25/07</u>	<u>same</u>
Employee Information Sheet	<u>5/29/07</u>	<u>same</u>
Medical Benefits Information	<u>6/1/07</u>	<u> </u>
Safety Training Form	<u> </u>	<u> </u>

On-site Manager: _____

Please print

