

Carlson Building Maintenance

NewHire Form

01-12-2026

New Hire Form

| | |
|------------------|-------------|
| New hire/Re-hire | rehire |
| First name | Christopher |
| Middle name | |
| Last name | Eklund |
| Second last name | |

| | |
|------------------------|---|
| Address | 5533 W National Ave #108 West Milwaukee WI 53214 |
| Phone number | 4143160627 |
| Phone alternative | |
| Email | |
| Social Security number | 532041649 |
| Date of birth | 05-27-1971 |
| Gender | Male |

| | |
|------------------------|---------------------------|
| First day worked | 01-09-2026 |
| Title position | Floater 3 |
| Store name and number | Home |
| District Manager | Bob Kay |
| Rate of pay | 16.0 |
| Number of hours worked | Less than 30 |
| Number of working days | 4 |
| Preferred language | English |
| Comments/Notes | |
| Document title | Drivers License Wisconsin |
| Document number | E2451007118708 |
| A# if applicable | |
| Document expiration | 05-27-2027 |
| Employee picture | idBadge |