



# Carlson Building Maintenance

**PerDiem Form**

**01-30-2024**

## New Hire Form

New hire/Re-hire	newhire
First name	Imelda
Middle name	Perez
Last name	Perez
Second last name	

Address	1212 S 57th St. West Allis WI 53214
Phone number	4144587374
Phone alternative	
Email	
Social Security number	470974316
Date of birth	06-17-1996
Gender	Female

First day worked	01-31-2024
Title position	Disinfecting
Store name and number	619 T0863 Menomonee Falls WI
District Manager	Bob Kay
Rate of pay	15.0
Number of hours worked	More than 30
Number of working days	7
Preferred language	Spanish
Comments/Notes	
Document title	Permanent Resident Card
Document number	SRC8417362950
A# if applicable	047210309
Document expiration	11-07-2032
Employee picture	<a href="#">idBadge</a>