HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Anthony	Keyshawn	Fernandez Vasquez

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(480) 637-9083	Keyshawnfernandez24@gmail.com	Security Officer

Address

1310 Foxdale Loop

CITY	STATE	ZIP
San Jose	CA	95122

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6595329	01/31/2028	No

DRIVER'S LICENSE #	DL EXPIRY
Y8989099	02/06/2032

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	11/05/2026

PAY RATE	PAY FREQUENCY	JOB SITE
21.00	Weekly	Aivres Syst - RD Lab Fremont

Work Schedule

		START	END
[X]	MON		15:30
[X]	TUE		15:30
[X]	WED		15:30

		START	END
☐	THU		
☐	FRI		
☒	SAT		15:30
☒	SUN		15:30

HR Representative

EMPLOYER / HR REPRESENTATIVE NAME

Rachel Resurreccion

Company Details

COMPANY NAME	EIN	STATE TAX ID (ENTITY ID)
Hammer Head Protection Inc	45-4415633	3432707