HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Briana	Lynn	Wolfe

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
510-798-7629	briissmart@gmail.com	Security Officer

Address

1125 E18th St Apt 6

CITY	STATE	ZIP
Oakland	CA	94606

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6917613	06/30/2028	No

DRIVER'S LICENSE #	DL EXPIRY
F3030551	02/23/2027

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	08/14/2026

PAY RATE	PAY FREQUENCY	JOB SITE
22.00	Weekly	

Work Schedule

		START	END
[X]	MON	22:00	06:00
[ ]	TUE		
[ ]	WED		
[X]	THU	START	

22:00	END 06:00	
[X] FRI	START 22:00	END 06:00
[X] SAT	START 22:00	END 06:00
[X] SUN	START 22:00	END 06:00

HR Representative

EMPLOYER / HR REPRESENTATIVE NAME

Rachel Resurreccion

Company Details

COMPANY NAME	EIN	STATE TAX ID (ENTITY ID)
Hammer Head Security Inc	61-1818820	3922058