Form 21B — Employment Terms (Full-Time / Part-Time)

4551 South B Street, Stockton, CA 95206 · (877) 505-6463 · www.hammerheadsecurity.com

Form 21B — Employment Terms Acknowledgment (New Hire / Transfer / Status Change)

EMPLOYEE INFORMATION

EMPLOYEE NAME	PHONE NUMBER	EMAIL ADDRESS
Chyna Peer	(510) 332-1354	Chyna4151@GMAIL.COM

BSIS GUARD REGISTRATION #	GUARD CARD EXPIRATION	FIREARMS PERMIT
6676306	03/31/2027	No

POSITION OFFERED

JOB TITLE	EMPLOYMENT STATUS	DATE OF HIRE
Security Officer	Full-Time	11/18/2026

JOB SITE
PCC - DIV 1

Employment Classification: Non-Exempt, At-Will. Reporting To: Field Supervisor / Scheduling Manager. This document confirms the terms of employment for the above position with Hammer Head Security, whether as a new hire, transfer, or change in employment status. The Employee will be assigned to a designated post or client account and scheduled based on operational needs. Schedules may vary by location, client contract, or business necessity. Nothing in this agreement guarantees a fixed schedule, specific shift assignment, minimum number of hours, or permanent post location.

AT-WILL EMPLOYMENT

Employment with Hammer Head Security is at-will. Either the Employee or the Company may terminate employment at any time, with or without cause or notice, in accordance with California law. No manager or representative has authority to modify the at-will relationship except in a written agreement signed by Company ownership. Nothing in this document or in any Company policy, statement, or communication creates a contract of employment or guarantees employment for any specific duration.

WORK SCHEDULE (set by HR — not required for On-Call / At-Will employees)

Full-Time employees are generally scheduled 30–40 hours per week; Part-Time employees generally less than 30 hours per week, subject to operational needs. Employment status does not guarantee a specific number of hours.

Schedules may include weekends, holidays, nights, or variable shifts. Employees are expected to report to all scheduled shifts on time.

SATURDAY	SUNDAY	MONDAY
? – ?	? – ?	Not scheduled

TUESDAY	WEDNESDAY	THURSDAY
Not scheduled	? – ?	? – ?

FRIDAY
? – ?

Scheduled hours may vary from week to week based on operational needs and are not guaranteed. Failure to report for a scheduled shift without proper notice may result in disciplinary action, up to and including termination.

COMPENSATION

REGULAR RATE OF PAY ($ / HOUR)	PAYDAYS
$20.00	Weekly

Overtime (California law): 1.5× after 8 hours in a workday or 40 hours in a workweek; 2× after 12 hours in a workday; 1.5× for the first 8 hours on the 7th consecutive day worked; 2× after 8 hours on the 7th consecutive day. Paydays: Weekly, paid every Friday. No allowances, credits, or offsets are applied toward minimum wage.

JOB ASSIGNMENTS & TRANSFERS

The Employee may be assigned to different client sites, posts, or locations as required by business needs. At the request of management, the Employee may be temporarily reassigned to another site and will be paid the approved rate for that assignment unless otherwise authorized in writing.

PAID SICK LEAVE

Employees will accrue and may use paid sick leave in accordance with the California Healthy Workplaces, Healthy Families Act and Company policy.

MEAL PERIODS, REST PERIODS & WAGE ORDER 4 COMPLIANCE

- Uninterrupted, duty-free meal periods as required by law
- Paid rest periods as required by law
- Meal and rest period premium pay when legally required
- On-duty meal periods only when legally permitted and agreed to in a separate written agreement, which may be revoked by the Employee at any time

LICENSING & TRAINING REQUIREMENTS

Continued employment is contingent upon maintaining a valid BSIS Guard Registration, maintaining any required permits (including firearms permits, if applicable), and completing required training and compliance documentation. Failure to maintain required licensing or eligibility may result in removal from duty or termination.

POLICIES & STANDARDS

This agreement is intended to comply with all applicable California labor laws and BSIS regulations. In the event of a conflict, applicable law shall control. The Employee agrees to comply with all Company policies, including conduct and professionalism standards, uniform and appearance requirements, and safety procedures and client-specific post orders. The Company reserves the right to bypass progressive discipline and take immediate corrective action, up to and including termination, based on the severity of any violation, in accordance with applicable law.

ARBITRATION NOTICE

This job offer does not constitute an agreement to arbitrate. Any arbitration agreement, if applicable, will be provided in a separate document for review and voluntary execution in accordance with California law.

Electronic Signature Acknowledgment: I agree that my electronic signature is legally equivalent to my handwritten signature under applicable federal and California law, including the ESIGN Act and the California Uniform Electronic Transactions Act (UETA). By signing electronically, I confirm that I have read, understood, and agreed to the terms of this document, and that this acknowledgment is binding and enforceable to the same extent as a physical signature. I understand that I may request a paper copy of this document at any time.

ACKNOWLEDGMENT AND ACCEPTANCE OF EMPLOYMENT TERMS *

☒ I ACKNOWLEDGE AND ACCEPT THESE EMPLOYMENT TERMS

SIGNATURE

chyna peer

Signed 11/18/2026 11:37

Form W-4 — Employee's Withholding Certificate (2026)

IRS Form W-4 (2026) · OMB No. 1545-0074 · Employee's Withholding Certificate · Give this form to your employer. Your withholding is subject to review by the IRS.

STEP 1 — ENTER PERSONAL INFORMATION

(a) First name & middle initial	Last name	Address
Chyna D.	Peer	2320 90th ave

City or town, state, and zip code	(b) Social security number
Oakland, CA 94603	618-43-1373

(c) Filing status — check one box

- (●) Single or Married filing separately
- ( ) Married filing jointly or Qualifying surviving spouse
- ( ) Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

STEP 2 — MULTIPLE JOBS OR SPOUSE WORKS (COMPLETE IF APPLICABLE)

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. Do only one of the following:

- ( ) (a) Use the IRS estimator at www.irs.gov/W4App
- ( ) (b) Use the Multiple Jobs Worksheet (page 3 of official W-4)
- ( ) (c) If there are only two jobs total, check this box (do the same on Form W-4 for the other job)
- (●) Not applicable — I have only one job and my spouse does not work

STEP 3 — CLAIM DEPENDENT AND OTHER CREDITS

If your total income will be $200,000 or less ($400,000 or less if married filing jointly), complete Steps 3–4(b). Otherwise skip to Step 5.

3(a) Qualifying children under age 17 × $2,200	3(b) Other dependents × $500	Add amounts above — total (line 3)

STEP 4 — OTHER ADJUSTMENTS (OPTIONAL)

4(a) Other income not from jobs (interest, dividends, retirement)	4(b) Deductions (from Deductions Worksheet page 4)	4(c) Extra withholding per pay period

STEP 5 — SIGN HERE

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

☐ I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption. (Do not complete Steps 2–4 if claiming exemption.) *(optional)*

Employer: Hammer Head Security · 4551 South B Street, Stockton, CA 95206 · EIN provided by HR.

SIGNATURE

chyna peer

Signed 11/18/2026 11:37

Form DE 4 — Employee's Withholding Allowance Certificate (California)

California EDD Form DE 4, Rev. 56 (1-26) — Employee's Withholding Allowance Certificate. Complete this form so that your employer can withhold the correct California state income tax from your pay.

As of January 1, 2020, the federal Form W-4 is used for federal income tax withholding only. You must file the state form DE 4 to determine the appropriate California PIT withholding. If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

PERSONAL INFORMATION

FIRST, MIDDLE, LAST NAME	SOCIAL SECURITY NUMBER	ADDRESS
Chyna Dominique Peer	618-43-1373	2320 90th ave

CITY	STATE	ZIP CODE
Oakland	CA	94603

FILING STATUS

- (•) Single or Married (with two or more incomes)
- ( ) Married (one income)
- ( ) Head of Household

WITHHOLDING ALLOWANCES

1A. NUMBER OF REGULAR WITHHOLDING ALLOWANCES (WORKSHEET A)	1B. NUMBER OF ALLOWANCES FROM THE ESTIMATED DEDUCTIONS (WORKSHEET B)	1C. TOTAL NUMBER OF ALLOWANCES YOU ARE CLAIMING

2. ADDITIONAL AMOUNT WITHHELD EACH PAY PERIOD (IF EMPLOYER AGREES) (WORKSHEET C)

EXEMPTION FROM WITHHOLDING (optional — only if it applies to you)

☐ 3. I claim exemption from withholding for 2026, and I certify I meet both conditions for exemption.

☐ 4. I certify under penalty of perjury that I am not subject to California withholding (SCRA / Military Spouses Residency Relief Act / Veterans Benefits and Transition Act of 2018).

Under penalty of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

SIGNATURE

chyna peer

Signed 11/18/2026 11:37

Form I-9 — Employment Eligibility Verification (USCIS)

USCIS Form I-9 · OMB No. 1615-0047 · Expires 05/31/2027 · **Employee completes Section 1. Rachel completes Section 2 within 3 business days of your first day.**

Section 1 — Employee Information and Attestation **You complete this**

USCIS Legal Attestation — Section 1 "I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information is true and correct."

LAST NAME (FAMILY NAME)	FIRST NAME (GIVEN NAME)	MIDDLE INITIAL (IF ANY)
Peer	Chyna	D

OTHER LAST NAMES USED (IF ANY)	ADDRESS (STREET NUMBER AND NAME)	APT. NUMBER (IF ANY)
	2320 90th ave	

CITY OR TOWN	STATE	ZIP CODE
Oakland	CA	94603

DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER	EMAIL ADDRESS
02/07/2004	618-43-1373	Chyna4151@GMAIL.COM

TELEPHONE NUMBER

(510) 332-1354

CITIZENSHIP / IMMIGRATION STATUS — CHECK ONE REQUIRED

- (●) 1. A citizen of the United States
- ( ) 2. A noncitizen national of the United States (See Instructions)
- ( ) 3. A lawful permanent resident — Enter USCIS or A-Number:
- ( ) 4. An alien authorized to work — Authorization Expiration Date:

Section 2 — Employer Review and Verification **Rachel completes after you submit**

For HR Only: Section 2 will be completed by Rachel in Step 4 after you submit your package. She must physically examine original documents and sign within 3 business days of your first day of employment. See USCIS Form I-9 instructions for acceptable documents (List A or List B + List C).

Supplement A — Preparer / Translator Certification **Only if someone helped you fill Section 1**

Complete this section ONLY if a preparer or translator assisted you in completing Section 1. If you completed Section 1 yourself, leave blank.

PREPARER/TRANSLATOR LAST NAME **PREPARER/TRANSLATOR FIRST NAME** **PREPARER/TRANSLATOR ADDRESS**

CITY, STATE, ZIP

If a preparer/translator assisted you, they must sign separately on the paper I-9 Supplement A. This digital form captures the information; the physical signature and full Supplement A must be retained per USCIS requirements.

SIGNATURE

chyna peer

Signed 11/18/2026 11:38

Form 8850 — WOTC Pre-Screening Notice

IRS Form 8850 (Rev. March 2016) · Pre-Screening Notice and Certification Request for the Work Opportunity Credit · OMB No. 1545-1500.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

YOUR NAME	SOCIAL SECURITY NUMBER	STREET ADDRESS WHERE YOU LIVE
Chyna Dominique Peer	618-43-1373	2320 90th ave

CITY OR TOWN, STATE, AND ZIP CODE	COUNTY	TELEPHONE NUMBER
Oakland, CA 94603	Alameda	(510) 332-1354

IF UNDER AGE 40, DATE OF BIRTH (MONTH, DAY, YEAR)

02/07/2004

CHECK ANY BOXES THAT APPLY TO YOU:

☐ 1 — Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

☐ 2 — Check here if any of the following apply: TANF assistance 9 of past 18 months; OR veteran whose family received SNAP for a 3-month period in past 15 months; OR referred by a state rehab agency, a Ticket to Work employment network, or the VA; OR age 18–39 in a family that received SNAP for the past 6 months (or 3 of past 5, no longer eligible); OR convicted of a felony or released from prison for a felony in the past year; OR received SSI in the past 60 days; OR veteran unemployed 4 weeks–6 months in the past year.

☐ 6 — Check here if you are a member of a family that received TANF payments for at least the past 18 months; OR for any 18 months beginning after Aug 5, 1997 (earliest such period ended in past 2 years); OR stopped being eligible in past 2 years due to a maximum-time limit.

☐ 7 — Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature — All Applicants Must Sign. Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

PAGE 2 — WOTC SCREENING QUESTIONNAIRE

Please fill in these forms slowly and legibly. (Form Updated 01/01/2020)

COMPANY NAME	COMPANY EIN NUMBER
Hammer Head Security Inc	61-1818820

Have you ever worked for this Employer before? Are you a Re-hire? ○ Yes ◉ No

Are you under age 40? (●) Yes ( ) No

Have you been unemployed for at least 27 weeks, and collected Unemployment Insurance? ( ) Yes (●) No

Are you a Veteran of the US Armed Forces? ( ) Yes (●) No

IF YES (VETERAN):

Are you a member of a family that received SNAP (Food Stamps Benefits)? ( ) Yes (●) No

Are you entitled to compensation for a service-connected disability? ( ) Yes (●) No

Were you discharged from active duty within the last year? ( ) Yes (●) No

Were you unemployed for a combined total of 6 months before you were hired? ( ) Yes (●) No

Have you, or your family, received SNAP benefits in the 6 months before you were hired? ( ) Yes (●) No

Or received SNAP Benefits for at least a 3-month period, but you are no longer receiving it? ( ) Yes (●) No

IF YES, NAME OF PRIMARY RECIPIENT	AND CITY, STATE WHERE BENEFITS WERE RECEIVED

Are you a member of a family that received TANF assistance for at least 18 months before you were hired? ( ) Yes (●) No

Or, did your family stop being eligible for TANF assistance within 2 years before being hired (max time reached)? ( ) Yes (●) No

IF YES, NAME OF PRIMARY RECIPIENT	AND CITY, STATE WHERE BENEFITS WERE RECEIVED

Did you receive Supplemental Security Income (SSI Benefits) for any month, ending within the 60 days, before you were hired? ( ) Yes (●) No

Were you convicted of a Felony during the year before you were hired? ( ) Yes (●) No

WERE YOU REFERRED TO AN EMPLOYER BY:

A Vocational Rehab Agency approved by the state? ( ) Yes (●) No

An Employment Network under the Ticket to Work Program? ( ) Yes (●) No

The Dept. of Veteran Affairs? ( ) Yes (●) No

PRINT NAME	SOCIAL SECURITY #	DATE OF BIRTH
Chyna Dominique Peer	618-43-1373	02/07/2004

By signing this form, I hereby authorize any agency, organization, Social Security Administration, Department of Veterans Affairs, or individuals, to supply verification of information as may be needed to determine tax credit eligibility to my employer, employer representative (TC Services USA, Inc. dba WOTC.com), or the Department of Labor. I also understand that my responses are used, in part or in full, to complete the IRS Form 8850 and any other documents pertaining to the WOTC Program, and that modifications can be made by my employer, or employer representative, in order to enable the verification screening process as required by some states. This information will not in any way affect my employment.

EMPLOYMENT START DATE	STARTING WAGE	POSITION
11/18/2026	$20.00	Security Officer

Upload To: www.wotc.com | Phone: 212-635-9500 | Fax: 212-994-2718 | Email: support@wotc.com

SIGNATURE

chyna peer

Signed 11/18/2026 11:39

Employee Information Form — Personal & Licensing

EMPLOYEE NAME	DATE OF BIRTH	ADDRESS
Chyna Peer	02/07/2004	2320 90th ave

CITY	STATE	ZIP
Oakland	CA	94603

PRIMARY PHONE	EMAIL ADDRESS	BSIS GUARD CARD #
(510) 332-1354	Chyna4151@GMAIL.COM	6676306

GUARD CARD EXPIRY	DRIVER'S LICENSE #	DL EXPIRY
03/31/2027	Y6721372	02/07/2029

FIREARMS PERMIT (IF APPLICABLE) YOU FILL

○ Yes — I hold a valid BSIS Firearms Permit ◉ No — Not applicable

I certify that I am responsible for notifying the Company promptly if any of the information provided on this form changes. I understand that providing false, incomplete, or misleading information may result in disciplinary action, up to and including termination of employment, to the extent permitted by law.

SIGNATURE

chyna peer

Signed 11/18/2026 11:39

Employee Emergency Contact Form (SB 294)

4551 South B Street, Stockton, CA 95206 · (877) 505-6463 · www.hammerheadsecurity.com

Required by California Labor Code § 1555 (SB 294) — Workplace Know Your Rights Act, effective March 30, 2026.

IMPORTANT LEGAL NOTICE TO EMPLOYEE: Under California Labor Code § 1555, your employer is required to collect emergency contact information from you. You have the right to designate a person to be notified if you are arrested or detained at the worksite or during work hours. Providing this information is voluntary, but your employer must give you the opportunity. You may update this information at any time.

SECTION A — EMPLOYEE INFORMATION

EMPLOYEE FULL NAME	EMPLOYEE ID	JOB TITLE / POSITION
Chyna Peer	5142	Security Officer

HIRE DATE	WORK SITE / POST ASSIGNMENT	DEPARTMENT / DIVISION
11/18/2026	PCC - DIV 1	

PERSONAL PHONE NUMBER	PERSONAL EMAIL ADDRESS (OPTIONAL)
(510) 332-1354	Chyna4151@GMAIL.COM

SECTION B — PRIMARY EMERGENCY CONTACT

CONTACT FULL NAME *	RELATIONSHIP TO EMPLOYEE *	PRIMARY PHONE NUMBER *
Taliyah M	sister	(510) 626-7391

ALTERNATE PHONE NUMBER	EMAIL ADDRESS (OPTIONAL)	HOME ADDRESS (OPTIONAL)

ARREST / DETENTION NOTIFICATION AUTHORIZATION (LABOR CODE § 1555 — REQUIRED) *

- (●) YES — I authorize Hammer Head Security to notify the Primary Emergency Contact named above if I am arrested or detained at the worksite, or during work hours while performing job duties.
- ( ) NO — I do NOT authorize notification of my emergency contact in the event of arrest or detention.

SECTION C — SECONDARY EMERGENCY CONTACT (OPTIONAL)

CONTACT FULL NAME	RELATIONSHIP TO EMPLOYEE	PRIMARY PHONE NUMBER

ALTERNATE PHONE NUMBER

- ◯ YES — Also authorize Hammer Head Security to notify this Secondary Contact in the event of arrest or detention.
- ◯ NO

SECTION D — EMPLOYEE DECLARATION & SIGNATURE

> *I certify that the information provided is accurate. I understand I may update this form at any time by submitting a new form to HR. I acknowledge that providing or withholding this information is entirely voluntary.*

SIGNATURE

chyna peer

Signed 11/18/2026 11:40

Direct Deposit Authorization

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE	PHONE	EMAIL
11/18/2026	(510) 332-1354	Chyna4151@GMAIL.COM

Direct Deposit Authorization

I voluntarily authorize Hammer Head Security, and its payroll processing provider if applicable, to deposit my wages electronically into the financial institution listed below. I understand that participation in direct deposit is voluntary and that I may choose to receive my wages by another lawful method if I do not authorize direct deposit. I authorize Hammer Head Security to make corrections to my account in the event of a payroll processing error by initiating debit or credit entries as permitted by applicable banking regulations. This authorization will remain in effect until: I submit written notice requesting cancellation or modification of this authorization; or my employment with Hammer Head Security ends.

ENROLL IN DIRECT DEPOSIT? * YOU FILL

(●) Yes — deposit my pay to my bank account ( ) No — I will receive pay another lawful way

ACCOUNT TYPE * YOU FILL

(●) Checking ( ) Savings

BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER
stride bank	103100195	689128850336

I agree to notify Hammer Head Security immediately if my banking information changes. Providing incorrect banking information may delay payment processing.

SIGNATURE

chyna peer

Signed 11/18/2026 11:41

BSIS Licensing & Compliance Acknowledgment

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

1. GUARD REGISTRATION REQUIREMENT

I understand that I must possess and maintain a valid and active BSIS Guard Registration ("Guard Card") at all times while employed in a security capacity. I am strictly prohibited from performing any security duties without a valid and active Guard Card. There are no exceptions, including pending renewals or applications. Failure to maintain a valid Guard Card may result in immediate removal from duty, suspension, or termination of employment.

2. TRAINING REQUIREMENTS

I understand that BSIS requires completion of mandatory training, including: Power to Arrest Training prior to assignment; completion of the initial 32 hours of training within required timeframes; and ongoing continuing education as required by BSIS. Failure to complete required training within mandated timeframes may result in removal from assignments or termination.

3. LICENSE STATUS REPORTING

I agree to immediately notify Hammer Head Security if: my Guard Card expires; my license is suspended, revoked, or restricted; or I am arrested, charged, or convicted of any offense that may impact my eligibility under BSIS regulations. Failure to report such changes may result in disciplinary action, up to and including termination.

4. PROFESSIONAL CONDUCT & COMPLIANCE

While employed, I agree to: comply with all applicable BSIS laws and regulations; maintain professional conduct while on duty and in uniform; and follow all Company policies, procedures, and client post orders.

5. LICENSE VERIFICATION AUTHORIZATION

I authorize Hammer Head Security to: verify my BSIS Guard Registration and any related permits; and conduct periodic or ongoing checks of my license status through the California Department of Consumer Affairs or other official sources.

6. FIREARM PERMIT REQUIREMENT (IF APPLICABLE)

If assigned to an armed position, I understand that I must possess and maintain a valid BSIS Firearm Permit and comply with all applicable training and qualification requirements. I understand that I may not perform armed duties without a valid and active firearm permit.

7. CONDITION OF EMPLOYMENT

I understand that compliance with BSIS licensing, training, and regulatory requirements is a condition of my employment. Failure to meet or maintain these requirements may result in removal from duty or termination, to the extent permitted by law.

I certify that I have read, understand, and agree to comply with the requirements outlined in this acknowledgment. I confirm that this information was provided to me during orientation and explained by the Company.

SIGNATURE

chyna peer

Signed 11/18/2026 11:41

BSIS Training Compliance Acknowledgment

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

1. ACKNOWLEDGMENT OF LEGAL TRAINING REQUIREMENTS

I understand that, under the California Bureau of Security and Investigative Services (BSIS) regulations, including applicable provisions of the California Business and Professions Code and Title 16 of the California Code of Regulations, I am required to complete mandatory training as a condition of employment as a security officer.

2. REQUIRED TRAINING AND TIMEFRAMES

I understand and agree that I must complete the following: Powers to Arrest Training prior to assignment; 16 hours within the first 30 days; additional 16 hours within 6 months; and continuing education as required.

3. STRICT COMPLIANCE WITH TRAINING DEADLINES

I understand that: I may not continue working beyond BSIS-allowed timeframes if required training is incomplete; and I will be removed from duty immediately if I fail to meet BSIS-required training deadlines or if my training status cannot be verified.

4. NO ASSIGNMENT WITHOUT REQUIRED TRAINING

I understand that I will not be assigned to any post unless required training (including Powers to Arrest) has been completed and verified by the Company.

5. EMPLOYEE RESPONSIBILITY

I understand that I am personally responsible for completing all required training within mandated timeframes. Failure to do so may result in: removal from assignments, suspension, or termination of employment.

6. TRAINING VERIFICATION & RECORDKEEPING AUTHORIZATION

I authorize Hammer Head Security to: verify my training completion; maintain records of my training certifications; and provide such records to regulatory agencies, auditors, or clients as required for compliance purposes.

I certify that I have read, understand, and agree to comply with the requirements outlined above. I confirm that this information was provided to me during orientation and explained by the Company.

SIGNATURE

chyna peer

Signed 11/18/2026 11:41

California Meal & Rest Break Policy Acknowledgment

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

MEAL PERIODS

Employees working more than five (5) hours in a workday are entitled to an uninterrupted, duty-free 30-minute meal period that must begin before the end of the fifth (5th) hour of work. Employees working more than ten (10) hours in a workday are entitled to a second meal period in accordance with California law. Meal periods must be: duty-free, uninterrupted, and at least 30 minutes. Employees are relieved of all duty during off-duty meal periods and are free to leave the premises subject to site restrictions.

ON-DUTY MEAL PERIODS

When the nature of the work prevents an employee from being fully relieved of all duties, California law permits an on-duty meal period only if a voluntary written agreement is entered into between the employee and Hammer Head Security. The Company does not require, coerce, or pressure employees to waive or skip meal periods. Entering into an on-duty meal period agreement is voluntary and not a condition of employment.

REST BREAKS

Employees are entitled to one paid ten (10) minute rest break for every four (4) hours worked or major fraction thereof. Rest breaks must be: duty-free, uninterrupted, and free from work responsibilities. Employees are not required to remain on-call or perform any work duties during rest breaks.

TIMEKEEPING AND OFF-THE-CLOCK WORK

Hammer Head Security strictly prohibits off-the-clock work. Employees must: accurately record all time worked; record meal periods when required; and not perform any work before clocking in or after clocking out.

REPORTING REQUIREMENT

Employees must immediately notify a supervisor, dispatch, SOC, or management if they are unable to take a compliant meal or rest break. Reporting a missed, delayed, or interrupted break will not result in discipline. Hammer Head Security strictly prohibits retaliation against any employee who reports missed, delayed, interrupted, or shortened meal or rest breaks.

PREMIUM PAY

Premium pay is provided as a legal remedy when a compliant meal or rest break is not provided and does not excuse or replace the Company's obligation to provide compliant meal and rest breaks in accordance with California law.

I acknowledge that I have received, read, and understand Hammer Head Security\'s Meal & Rest Break Policy. I am authorized and permitted to take all legally required meal periods and rest breaks.

SIGNATURE

chyna peer

Signed 11/18/2026 11:41

Meal & Rest Break Compliance Policy — Signed Copy

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

BREAK MONITORING AND DOCUMENTATION

Hammer Head Security utilizes scheduling, dispatch, and/or SOC systems to support compliance with meal period timing requirements. The use of such systems is intended to: assist employees in taking timely meal periods; provide reminders when appropriate; and document communication and compliance efforts. These systems are support tools only and do not replace the Company's obligation to provide compliant breaks or the employee's responsibility to take and report breaks.

REPORTING REQUIREMENT

Employees must immediately notify a supervisor, dispatch, SOC, or management if they are unable to take a compliant meal or rest break. Failure to report may limit the Company's ability to address the issue. Employees should report any missed, delayed, interrupted, or shortened meal or rest break as soon as reasonably possible, and preferably within the same workday or pay period. Reporting a missed, delayed, or interrupted break will not result in discipline.

PREMIUM PAY

Premium pay is provided as a remedy when the Company fails to provide a compliant meal or rest break in accordance with California law. Premium pay will be provided when a compliant meal or rest break is not provided, regardless of whether the employee reports the issue at the time.

ANTI-RETALIATION

Hammer Head Security strictly prohibits retaliation against any employee who reports missed breaks, interrupted breaks, delayed breaks, or shortened breaks. The Company will investigate all reports and take appropriate corrective action.

I acknowledge that: this policy has been provided to me and reviewed with me during orientation; I have had the opportunity to ask questions and fully understand its terms; I am authorized and permitted to take all legally required meal periods and rest breaks; and meal periods must begin before the end of the 5th hour of work unless a lawful exception applies.

EMPLOYER REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

On-Duty Meal Period Agreement

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

Voluntary — NOT a condition of employment. *This agreement will only be used when the nature of the work genuinely prevents relief from duty and not for reasons of convenience, staffing limitations, or scheduling preferences.*

VOLUNTARY AGREEMENT

I voluntarily agree to take an on-duty meal period when I cannot be fully relieved of all duties due to operational requirements. I understand that I am not required to enter into this agreement as a condition of employment and that I may decline to sign this agreement. I understand that I have been given the opportunity to ask questions about this agreement before signing.

PAID MEAL PERIOD

I understand that any on-duty meal period will be paid and counted as hours worked. I understand that during an on-duty meal period, I will remain on duty and may be required to perform work as needed.

OPPORTUNITY TO EAT

I will be provided a reasonable opportunity to take and consume a meal while on duty.

RIGHT TO REVOKE

I understand that I may revoke this agreement at any time by providing written notice to the Company. Any revocation will apply prospectively and will not affect previously worked shifts.

ALTERNATIVE MEAL PERIOD

If operational conditions allow, Hammer Head Security Inc. will provide a duty-free, off-duty meal period instead.

NO WAIVER OF RIGHTS

This agreement does not waive any rights under California law.

I acknowledge that I have read and understand this agreement and that entering into it is voluntary.

EMPLOYER REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

Meal Period Waiver Agreement

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

FIRST MEAL PERIOD WAIVER (SHIFTS

Under California Labor Code §512, employees working more than five (5) hours are entitled to a meal period. However, when the total work period does not exceed six (6) hours, the meal period may be voluntarily waived by mutual written consent between the employee and Hammer Head Security. I voluntarily agree to waive my 30-minute meal period on workdays where my total shift does not exceed six (6) hours. I understand that I am not required to enter into this agreement as a condition of employment. This agreement is entered into voluntarily and may be revoked by the employee at any time in writing.

SECOND MEAL PERIOD WAIVER (SHIFTS

Under California Labor Code §512, employees working more than ten (10) hours are entitled to a second meal period. However, when the total work period does not exceed twelve (12) hours, the second meal period may be voluntarily waived by mutual written consent between the employee and Hammer Head Security only if the first meal period was taken and not waived. I voluntarily agree to waive my second 30-minute meal period on workdays where my total shift does not exceed twelve (12) hours, provided that I have taken my first meal period. This waiver will not apply on any day where my total work period exceeds twelve (12) hours. I understand that I am not required to enter into this agreement as a condition of employment. This agreement is entered into voluntarily and may be revoked by the employee at any time in writing.

I understand that: the first meal period waiver applies only to shifts of six (6) hours or less; the second meal period waiver applies only to shifts of no more than twelve (12) hours and only if the first meal period is taken; these waivers are voluntary; and I may revoke either waiver at any time by providing written notice to Hammer Head Security, and such revocation will apply prospectively only.

EMPLOYER REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

Authorization for Background Investigation

APPLICANT NAME	DATE
Chyna Dominique Peer	11/18/2026

AUTHORIZATION

I hereby authorize Hammer Head Security and its designated agents and representatives to obtain consumer reports and/or investigative consumer reports about me for employment purposes. I understand that these reports may include information regarding my: criminal history; employment history; education verification; professional licenses and certifications (including BSIS Guard Registration); driving record (if applicable); and other relevant background information. I authorize all courts, law enforcement agencies, employers, educational institutions, licensing authorities, and other relevant organizations to release information about me to Hammer Head Security or its authorized background screening provider.

I understand that: this authorization applies to both pre-employment and, if hired, during the course of employment where permitted by law; I have the right to request a copy of any consumer report obtained about me; and I may request additional information about the nature and scope of any investigative consumer report.

☐ Optional: I request to receive a copy of any consumer report obtained about me.

I certify that the information I have provided in connection with my application for employment is true and complete to the best of my knowledge.

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

California Uniform and Uniform Deposit Policy

EMPLOYEE NAME	DATE
Chyna Peer	11/18/2026

ISSUANCE AND COMPANY OWNERSHIP

Hammer Head will issue the company-owned distinctive uniform items required for the employee's assignment. All company-issued items remain company property at all times. Employees must sign an issuance record for company-issued items. Employees may not sell, loan, pledge, alter, conceal, or use company-issued uniform items for non-company purposes.

WEAR STANDARDS WHILE ON DUTY

Employees must report to duty in the complete assigned uniform for the post or event, neat in appearance, with company identifiers visible. This generally means the assigned company shirt or polo, jacket if issued or required by assignment, company badge or shield, arm patches, and any client-required tie or hat, together with any required plain black wardrobe items. Failure to comply with uniform standards may result in corrective action, up to and including termination of employment.

MAINTENANCE, CARE, AND REPLACEMENT

Hammer Head will provide and maintain company-issued distinctive uniform items required under this policy. Employees must follow reasonable care instructions, promptly report damage or sizing issues, and return company-issued items when a replacement or repair is requested. Employees are not charged for ordinary laundering, ordinary maintenance, repair, or normal wear and tear of company-issued distinctive uniform items.

RETURN OF COMPANY PROPERTY

All company-issued uniform items and related company property must be returned immediately upon separation of employment, transfer out of the assignment if requested, or earlier upon company demand. At separation, Hammer Head will not delay, condition, or reduce final wage payment based on whether company-issued items have been returned.

LOSS, DAMAGE, AND DISCIPLINE

Employees must immediately report any lost, stolen, damaged, or missing company-issued item to their supervisor. Normal wear and tear will not result in a charge. Intentional damage, unauthorized alteration, misuse, or deliberate failure to return company property may result in discipline and any other lawful remedy available to Hammer Head. Nothing in this policy authorizes Hammer Head to make a unilateral deduction from current wages or final wages for allegedly lost, unreturned, or damaged company-issued items.

I acknowledge receipt of Hammer Head Security\'s California Uniform and Uniform Deposit Policy. I understand this acknowledgment confirms receipt of the policy only and does not authorize any payroll deduction or final-pay withholding.

SIGNATURE



Signed 11/18/2026 11:42

Employee Handbook Acknowledgment

EMPLOYEE NAME	POSITION	DATE
Chyna Peer	Security Officer	11/18/2026

ELECTRONIC DELIVERY & RECEIPT

I acknowledge that I have received access to the Hammer Head Security Employee Handbook ("Handbook") electronically, including via email or secure digital platform. I understand that it is my responsibility to review the Handbook in full and that I may request a printed copy at any time at no cost.

ACKNOWLEDGMENT OF UNDERSTANDING

I acknowledge receipt of the Handbook and understand that it contains important information regarding Company policies, procedures, and expectations. I understand and agree that I am responsible for reading, understanding, and complying with all policies contained in the Handbook, as well as any updates, revisions, or supplements issued by the Company. Updated policies may be distributed electronically and that continued employment constitutes acknowledgment of and responsibility to comply with revised policies.

AT-WILL EMPLOYMENT

I understand and agree that my employment with Hammer Head Security is at-will, meaning that either I or the Company may terminate the employment relationship at any time, with or without cause or notice, subject to applicable law. No supervisor, manager, or representative of the Company has authority to enter into any agreement for employment for any specified period or to make any agreement contrary to at-will employment unless such agreement is in a written contract signed by the Company President or authorized executive. Nothing in the Handbook or this acknowledgment creates a contract of employment.

NO CONTRACT / RIGHT TO MODIFY

I understand that the Handbook is not a contract and does not create contractual rights. The Company reserves the right to modify, interpret, or discontinue policies at any time, with or without notice, to the extent permitted by law.

AGREEMENT TO COMPLY

I agree to comply with all Company policies, including safety, use of force, incident reporting, scheduling, uniform, and conduct requirements. I understand violations may result in disciplinary action, up to and including termination. I understand that compliance with all applicable BSIS regulations, licensing requirements, training obligations, and lawful directives is a condition of employment.

By signing electronically below, I acknowledge that I have received, read, and agree to comply with the Handbook.

COMPANY REPRESENTATIVE

Rachel Resurreccion

SIGNATURE



Signed 11/18/2026 11:42

Drug & Alcohol Testing Consent and Authorization

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

1. AGREEMENT TO TESTING

As a condition of employment with Hammer Head Security, I acknowledge and agree that I may be required to undergo drug and/or alcohol testing in accordance with Company policy and applicable federal and California law.

2. TYPES OF TESTING

I understand that testing may be required under the following circumstances, where permitted by law: reasonable suspicion; post-incident / post-accident; return-to-duty; follow-up testing; and pre-employment (if applicable).

3. TESTING AUTHORIZATION

I authorize Hammer Head Security to: require me to submit to drug and/or alcohol testing when applicable; collect appropriate specimens (such as urine, saliva, breath, blood, or other legally permitted methods); send specimens to a qualified laboratory for analysis; and receive and review the results of such testing for employment-related purposes.

4. REFUSAL TO TEST

I understand that refusal to submit to required testing, failure to cooperate, or attempts to tamper with, substitute, or adulterate any specimen may result in disciplinary action, up to and including termination of employment. I further understand that refusal to test may be treated as a violation of Company policy.

5. CALIFORNIA CANNABIS COMPLIANCE

I understand that: the Company will comply with applicable California laws regarding cannabis use; the Company will not take adverse action based solely on lawful off-duty cannabis use; testing, if conducted, will be interpreted and applied in a manner consistent with California law; and I may still be subject to discipline if I am impaired at work, possess or use cannabis during work, or otherwise violate Company policy.

9. CONFIDENTIALITY OF RESULTS

I understand that test results will be kept confidential to the extent required by law and results will only be shared with individuals who have a legitimate business need or as required by law.

11. RELEASE OF INFORMATION

I authorize the testing laboratory or medical review entity to release test results to Hammer Head Security for employment-related purposes.

By signing, I: acknowledge that I have received and understand the Company\'s Drug and Alcohol Testing Policy; agree to comply with testing requirements as a condition of employment; and authorize the Company to conduct testing as outlined above.

COMPANY REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

Drug-Free Workplace Acknowledgment

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

1. AGREEMENT TO TESTING

As a condition of employment with Hammer Head Security, I acknowledge and agree that I may be required to undergo drug and/or alcohol testing in accordance with Company policy and applicable federal and California law.

2. TYPES OF TESTING

I understand that testing may be required under the following circumstances, where permitted by law: reasonable suspicion; post-incident / post-accident; return-to-duty; follow-up testing; and pre-employment (if applicable).

3. TESTING AUTHORIZATION

I authorize Hammer Head Security to: require me to submit to drug and/or alcohol testing when applicable; collect appropriate specimens (such as urine, saliva, breath, blood, or other legally permitted methods); send specimens to a qualified laboratory for analysis; and receive and review the results of such testing for employment-related purposes.

4. REFUSAL TO TEST

Refusal to submit to required testing, failure to cooperate, or attempts to tamper with, substitute, or adulterate any specimen may result in disciplinary action, up to and including termination of employment. Refusal to test may be treated as a violation of Company policy.

5. CALIFORNIA CANNABIS COMPLIANCE

The Company will comply with applicable California laws regarding cannabis use. The Company will not take adverse action based solely on lawful off-duty cannabis use. Testing, if conducted, will be interpreted and applied in a manner consistent with California law. I may still be subject to discipline if I am impaired at work, possess or use cannabis during work, or otherwise violate Company policy.

11. RELEASE OF INFORMATION

I authorize the testing laboratory or medical review entity to release test results to Hammer Head Security for employment-related purposes.

By signing, I: acknowledge that I have received and understand the Company\'s Drug and Alcohol Testing Policy; agree to comply with testing requirements as a condition of employment; and authorize the Company to conduct testing as outlined above.

COMPANY REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

Drug-Free Workplace Policy & Drug Testing Acknowledgment

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE

11/18/2026

PROHIBITED CONDUCT

Employees are strictly prohibited from the following while on duty, on company property, at a client site, or while representing Hammer Head Security: being under the influence or impaired by alcohol, cannabis, illegal drugs, or controlled substances; reporting to work impaired by drugs, cannabis, alcohol, or medications; possessing, using, distributing, or selling illegal drugs or controlled substances; using cannabis during working hours, including meal or rest breaks; operating company vehicles or equipment while impaired; and performing security duties while impaired in any way. Any employee who appears impaired may be immediately removed from duty pending investigation and testing.

CANNABIS (MARIJUANA) POLICY – CALIFORNIA COMPLIANCE

While cannabis use is legal under California law: employees may not be impaired while working; employees may not possess or use cannabis on duty or on company property; and employees may not perform security duties while impaired. The company will base impairment determinations on the totality of observable circumstances, not on any single factor. Hammer Head Security does not discipline lawful off-duty cannabis use that does not result in workplace impairment.

REASONABLE SUSPICION INDICATORS

Testing may be required when a supervisor reasonably suspects impairment based on observable behavior, including: slurred speech; unsteady movement or coordination; erratic or unsafe behavior; confusion or impaired judgment; odor of alcohol or drugs; possession of drugs or paraphernalia; significant behavior changes. Odor alone will not be the sole basis for disciplinary action but may be considered along with other observable indicators.

REFUSAL TO TEST

The following may be considered refusal: refusing testing; failing to cooperate; delaying testing without valid reason; tampering with testing; providing false information. Refusal to test is considered a violation of company safety policy and may result in disciplinary action up to and including termination.

PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS

Employees must notify management of medications that may affect their ability to perform duties safely. Employees may not work in safety-sensitive roles if impaired by medication. Medical information will be handled confidentially.

I authorize Hammer Head Security and its designated testing provider, laboratory, or medical review officer to conduct drug and/or alcohol testing when required and to release test results to the company for employment-related purposes in accordance with applicable laws. By signing, I acknowledge that I have received and read this policy; I understand I must report to work free from impairment; I understand testing may be required; I authorize drug/alcohol testing when required; and I understand refusal may result in termination.

COMPANY REPRESENTATIVE

Rachel Resurreccion

SIGNATURE

chyna peer

Signed 11/18/2026 11:42

Consent to Receive Documents Electronically

EMPLOYEE NAME	EMPLOYEE ID	POSITION
Chyna Peer	5142	Security Officer

DATE	EMAIL ADDRESS	PHONE NUMBER
11/18/2026	Chyna4151@GMAIL.COM	(510) 332-1354

1. CONSENT TO ELECTRONIC DELIVERY

I acknowledge that during orientation I have been informed that Hammer Head Security provides many employment-related documents electronically. I voluntarily consent to receive and access documents in electronic form, including but not limited to: payroll documents, including pay stubs and wage statements; tax documents, including Form W-2 and related forms; corrective action, disciplinary notices, and performance documentation; company policies, handbook updates, and acknowledgments; and work schedules, notices, and other employment-related communications.

2. ELECTRONIC TAX DOCUMENT CONSENT (W-2)

I specifically consent to receive my Form W-2 electronically. I understand that: I may request a paper copy of my Form W-2 at any time; I may withdraw this consent before issuance of the Form W-2 for any tax year; and if I withdraw consent, a paper Form W-2 will be provided to me.

3. PAYSTUB ACCESS (CALIFORNIA COMPLIANCE)

I understand that my wage statements (pay stubs) will be provided electronically through the Company's designated payroll system. I acknowledge that: I have the ability to access and print my pay stubs; I may request a paper copy of any pay stub at no cost; and the Company will comply with applicable California Labor Code requirements regarding wage statements.

7. COMMUNICATION AND OPERATIONAL NOTICES

I understand and agree that the Company may contact me and provide work-related communications electronically, including: work schedules and schedule changes; call-offs, post assignments, and shift instructions; emergency notifications and safety alerts; requests for availability or job assignments; instructions from supervisors or management; investigation-related communications; and reminders regarding licensing, certifications, or compliance requirements. I consent to receive work-related text messages and phone calls from the Company.

8. CONTACT INFORMATION RESPONSIBILITY

I agree to maintain current and accurate contact information with the Company, including my phone number and email address. Failure to update my contact information may result in missed communications. Failure to review or respond to electronic communications, or failure to maintain access to such communications, may result in disciplinary action, up to and including termination.

By signing, I confirm that: I received this notice during orientation; I understand that employment-related documents, including pay stubs, tax forms, corrective actions, and work communications, may be provided electronically; and I consent to electronic delivery and communication as outlined above. I understand that I may request paper copies of any electronically provided document at any time, at no cost.

SIGNATURE

chyna peer

Signed 11/18/2026 11:42