HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Colin	Adatan	Madlangbayan

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(510) 329-1662	colinmadlangbayan@gmail.com	Security Officer

Address

511 Berry Ave

CITY	STATE	ZIP
Hayward	CA	94544

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6740304	01/31/2028	No

DRIVER'S LICENSE #	DL EXPIRY
D9047124	10/25/2003

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	11/12/2026

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

Work Schedule

	START	END
[X] MON		
[X] TUE		
[ ] WED		
[ ] THU		

[X] FRI	START	END
[X] SAT	START	END
[X] SUN	START	END

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