HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Daniel	Raymond Anthony	Mendez

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(408) 223-5557	dannymendez0406@gmail.com	Security Officer

Address

1510 Parkmoor Ave. #307

CITY	STATE	ZIP
San Jose	CA	95128

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6545591	03/31/2027	No

DRIVER'S LICENSE #	DL EXPIRY
Y5340970	03/19/2032

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	11/23/2026

PAY RATE	PAY FREQUENCY	JOB SITE
21.00	Weekly	Aivres - R&D Lab (Warehouse)

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