HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
David		Shelton

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
707-997-0677	davidshelton1010@gmail.com	Security Officer

Address

265 Guttenberg St

CITY	STATE	ZIP
San Francisco	CA	94112

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6685497	04/30/2027	No

DRIVER'S LICENSE #	DL EXPIRY
A3623590	01/29/2030

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	08/20/2026

PAY RATE	PAY FREQUENCY	JOB SITE
22.00	Weekly	

Work Schedule

		START	END
☐	MON		
☐	TUE		
☒	WED	14:00	22:00
☒	THU		

START

14:00	END 22:00	
[X] FRI	START 14:00	END 22:00
[X] SAT	START 14:00	END 22:00
[ ] SUN	START	END

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