HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Jefferey	Darrnel	Cain

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(773) 209-8542	jeffrey.cain67@yahoo.com	Security Officer

Address

613 Farmstead Dr.

CITY	STATE	ZIP
Vacaville	CA	95688

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6375874	05/31/2028	No

DRIVER'S LICENSE #	DL EXPIRY
A9886809	01/06/2028

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	10/20/2026

PAY RATE	PAY FREQUENCY	JOB SITE
21.00	Weekly	

Work Schedule

		START	END
☐	MON		
☐	TUE		
☐	WED		
☐	THU		

	START	END
☐ FRI		
☐ SAT		
☐ SUN		

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