HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Krizta	Torilynn	Ryan

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
209-639-4906	kriztaryan2004@gmail.com	Security Officer

Address

417 E Anderson St.

CITY	STATE	ZIP
Stockton	CA	95206

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
G6929240	09/30/2028	No

DRIVER'S LICENSE #	DL EXPIRY
Y9275459	05/10/2031

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	09/29/2026

PAY RATE	PAY FREQUENCY	JOB SITE
18.0	Weekly	Events

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 Service Inc	86-2631618	4315972