Form I-9 — Employment Eligibility Verification

Section 1 — Employee Information and Attestation

USCIS Form I-9 · OMB No. 1615-0047 · Expires 05/31/2027 · **Employee completes Section 1. Rachel completes Section 2 within 3 business days of your first day.**

Section 1 — Employee Information and Attestation **You complete this**

USCIS Legal Attestation — Section 1 "I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information is true and correct."

LAST NAME (FAMILY NAME)	FIRST NAME (GIVEN NAME)	MIDDLE INITIAL (IF ANY)
Cabida	Leilani	

OTHER LAST NAMES USED (IF ANY)	ADDRESS (STREET NUMBER AND NAME)	APT. NUMBER (IF ANY)
	4551 S B St	

CITY OR TOWN	STATE	ZIP CODE
Stockton	CA	95206

DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER	EMAIL ADDRESS
05/28/1999	000000000	reception@hammerheadprotection.com

TELEPHONE NUMBER

2092276566

CITIZENSHIP / IMMIGRATION STATUS — CHECK ONE REQUIRED

- (●) 1. A citizen of the United States
- ( ) 2. A noncitizen national of the United States (See Instructions)
- ( ) 3. A lawful permanent resident — Enter USCIS or A-Number:
- ( ) 4. An alien authorized to work — Authorization Expiration Date:

Section 2 — Employer Review and Verification **Rachel completes after you submit**

For HR Only: Section 2 will be completed by Rachel in Step 4 after you submit your package. She must physically examine original documents and sign within 3 business days of your first day of employment. See USCIS Form I-9 instructions for acceptable documents (List A or List B + List C).

Supplement A — Preparer / Translator Certification **Only if someone helped you fill Section 1**

Complete this section ONLY if a preparer or translator assisted you in completing Section 1. If you completed Section 1 yourself, leave blank.

PREPARER/TRANSLATOR LAST NAME **PREPARER/TRANSLATOR FIRST NAME** **PREPARER/TRANSLATOR ADDRESS**

CITY, STATE, ZIP

If a preparer/translator assisted you, they must sign separately on the paper I-9 Supplement A. This digital form captures the information; the physical signature and full Supplement A must be retained per USCIS requirements.

Section 2 — Employer Review and Verification

DOCUMENTATION THE EMPLOYEE PRESENTED

(•) List A (identity **and** work authorization) ( ) List B + List C

DOCUMENT TITLE	ISSUING AUTHORITY
U.S. Passport or U.S. Passport Card	USCIS

DOCUMENT NUMBER	EXPIRATION DATE (IF ANY)
12345678900	12/31/2029

Additional information (optional)

EMPLOYER / COMPANY — used on all government forms (W-4, DE 4, I-9, 8850)

FIRST DAY OF EMPLOYMENT	COMPANY LEGAL NAME
08/12/2026	Hammer Head Security Service Inc

COMPANY ADDRESS	NAME & TITLE OF EMPLOYER REPRESENTATIVE
4551 South B Street, Stockton, CA 95206	Rachel Resurreccion

FEDERAL EIN (W-4 & 8850)	CA EMPLOYER PAYROLL TAX ACCOUNT # (DE 4)
86-2631618	4315972

[X] I have physically examined the original document(s); they appear genuine and relate to this employee.

SIGNATURE

Rachel Resurreccion