HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Mahogany		Moore

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
209-298-9270	Mahoganypmoore@gmail.com	Security Officer

Address

1048 W.Robinhood Dr

CITY	STATE	ZIP
Stockton	CA	95267

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6904362	04/30/2028	No

DRIVER'S LICENSE #	DL EXPIRY
072191117	11/08/2032

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	09/10/2026

PAY RATE	PAY FREQUENCY	JOB SITE
19.00	Weekly	PATROL 1

Work Schedule

		START	END
☐	MON		
☒	TUE	21:45	06:15
☒	WED	21:45	06:15
☒	THU	START	

23:00	END 07:30	
[X] FRI	START 22:30	END 07:00
[X] SAT	START 22:30	END 07:00
[ ] 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