# HR Information Form

## Employee Info

| FIRST NAME | MIDDLE NAME | LAST NAME |
|---|---|---|
| Marcel | Lee | Fisher |

| PHONE NUMBER | EMAIL ADDRESS | JOB TITLE |
|---|---|---|
| (415) 678-7169 | marcelfisher324@gmail.com | Security Officer |

**Address**

1782 D St.

| CITY | STATE | ZIP |
|---|---|---|
| Hayward | CA | 94541 |

## Licensing

| BSIS GUARD CARD # | GUARD CARD EXPIRY | FIREARMS PERMIT |
|---|---|---|
| 6633494 | 08/31/2028 | No |

| DRIVER'S LICENSE # | DL EXPIRY |
|---|---|
| A3918131 | 03/19/2030 |

## Employment

| HIRE TYPE | EMPLOYMENT STATUS | DATE OF HIRE |
|---|---|---|
| New Hire | Full-Time | 11/12/2026 |

| PAY RATE | PAY FREQUENCY | JOB SITE |
|---|---|---|
| 21.00 | Weekly | Aivres Syst - RD Lab Fremont |

## Work Schedule

| | | START | END |
|---|---|---|---|
| ☐ | MON | | |
| ☐ | TUE | | |
| ☒ | WED | | |
| ☒ | THU | | |

| | | |
|---|---|---|
| [X] FRI | START | END |
| [X] SAT | START | END |
| [X] SUN | START | END |

## HR Representative

**EMPLOYER / HR REPRESENTATIVE NAME**

Rachel Resurreccion

## Company Details

| COMPANY NAME | EIN | STATE TAX ID (ENTITY ID) |
|---|---|---|
| Hammer Head Protection Inc | 45-4415633 | 3432707 |