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)
Fisher	Marcel	L

OTHER LAST NAMES USED (IF ANY)	ADDRESS (STREET NUMBER AND NAME)	APT. NUMBER (IF ANY)
	1782 D St.	

CITY OR TOWN	STATE	ZIP CODE
Hayward	CA	94541

DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER	EMAIL ADDRESS
03/19/1970	549-17-7953	marcelfisher324@gmail.com

TELEPHONE NUMBER

(415) 678-7169

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

LIST B — IDENTITY

DOCUMENT TITLE	ISSUING AUTHORITY
Driver's license or ID card issued by a State/outlying possession (with photo)	CA DMV

DOCUMENT NUMBER	EXPIRATION DATE (IF ANY)
A3918131	03/19/2030

LIST C — EMPLOYMENT AUTHORIZATION

DOCUMENT TITLE	ISSUING AUTHORITY
Social Security Account Number card (unrestricted)	Social Security Admin

DOCUMENT NUMBER	EXPIRATION DATE (IF ANY)
549-17-7953	

Additional information (optional)

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

FIRST DAY OF EMPLOYMENT	COMPANY LEGAL NAME
11/12/2026	Hammer Head Protection Inc

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

FEDERAL EIN (W-4 & 8850)	CA EMPLOYER PAYROLL TAX ACCOUNT # (DE 4)
45-4415633	3432707

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

SIGNATURE

Socorro Pimentel