HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Nav		Kaur

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
	nkaur1987@gmail.com	Security Officer

Address

4551 B

CITY	STATE	ZIP
	CA	95206

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6496892333		No

DRIVER'S LICENSE #	DL EXPIRY

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	

PAY RATE	PAY FREQUENCY	JOB SITE
22	Weekly	

Work Schedule

		START	END
☐	MON		
☐	TUE	START	END
☐	WED	START	END
☐	THU	START	END
☐	FRI	START	

END

SAT START END

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