HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Sabrina	Dianalyn	Jackson

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(707) 413-5828	sabrinajackson0728@gmail.com	Security Officer

Address

2121 7th St.

CITY	STATE	ZIP
Berkeley	CA	94710

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6621930	06/30/2028	No

DRIVER'S LICENSE #	DL EXPIRY
Y7794821	07/28/2031

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	10/20/2026

PAY RATE	PAY FREQUENCY	JOB SITE
22.00	Weekly	PCC - DIV 30 - Shipping Hours

Work Schedule

		START	END
☐	MON		
☐	TUE		
☐	WED		
☐	THU		

	START	END
☐ FRI		
☐ SAT		
☐ SUN		

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