HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Shaniqua		Lawson

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
510-819-5830	mslawson1992@gmail.com	Security Officer

Address

580 Sunnyview Dr Apt 12

CITY	STATE	ZIP
Pinole	CA	94564

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6616790	05/31/2028	No

DRIVER'S LICENSE #	DL EXPIRY
F1452520	10/15/2029

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	08/28/2026

PAY RATE	PAY FREQUENCY	JOB SITE
21.00	Weekly	

Work Schedule

		START	END
[X]	MON	22:00	06:30
[X]	TUE	22:00	06:30
[X]	WED	22:00	06:30

		START	END
☐	THU		
☐	FRI		
☒	SAT	22:00	06:30
☒	SUN	22:00	06:30

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