**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) |
|---|---|---|
| Mitchell | Shawntavia | J |

| OTHER LAST NAMES USED (IF ANY) | ADDRESS (STREET NUMBER AND NAME) | APT. NUMBER (IF ANY) |
|---|---|---|
| | 1272 26th Ave. #41 | |

| CITY OR TOWN | STATE | ZIP CODE |
|---|---|---|
| Oakland | CA | 94601 |

| DATE OF BIRTH (MM/DD/YYYY) | U.S. SOCIAL SECURITY NUMBER | EMAIL ADDRESS |
|---|---|---|
| 07/20/1994 | 615-84-4122 | shawntaviamitchell5@gmail.com |

TELEPHONE NUMBER

(510) 434-6178

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) |
|---|---|
| F4679443 | 07/20/2030 |

**LIST C — EMPLOYMENT AUTHORIZATION**

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

| DOCUMENT NUMBER | EXPIRATION DATE (IF ANY) |
|---|---|
| 615-84-4122 | |

**Additional information (optional)**

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

| FIRST DAY OF EMPLOYMENT | COMPANY LEGAL NAME |
|---|---|
| 10/28/2026 | Hammer Head Security 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) |
|---|---|
| 61-1818820 | 3922058 |

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

SIGNATURE

Socorro Pimentel