HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Tajai	Michelle	Calip

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
(510) 708-6413	tajai.c@yahoo.com	Security Officer

Address

14500 E 14th St . #3414

CITY	STATE	ZIP
San Leandro	CA	94578

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6494074	04/30/2028	No

DRIVER'S LICENSE #	DL EXPIRY
B5028752	01/08/1976

Employment

HIRE TYPE	EMPLOYMENT STATUS	DATE OF HIRE
New Hire	Full-Time	11/12/2026

PAY RATE	PAY FREQUENCY	JOB SITE
21.00	Weekly	Aivres Syst - RD Lab Fremont

Work Schedule

		START	END
☐	MON		
☐	TUE		
☒	WED		
☒	THU		

[X] FRI	START	END
[X] SAT	START	END
[X] 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