HR Information Form

Employee Info

FIRST NAME	MIDDLE NAME	LAST NAME
Vaibhav		Chauhan

PHONE NUMBER	EMAIL ADDRESS	JOB TITLE
201-616-6731	vaibhavchauhan8930@gmail.com	Security Officer

Address

CITY	STATE	ZIP
	CA	

Licensing

BSIS GUARD CARD #	GUARD CARD EXPIRY	FIREARMS PERMIT
6833159	04/30/2027	No

DRIVER'S LICENSE #	DL EXPIRY
C3259 76100 12962	

Employment

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

PAY RATE	PAY FREQUENCY	JOB SITE
23.00	Weekly	

Work Schedule

		START	END
[X]	MON		
[X]	TUE		
[X]	WED		
[X]	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 Security Inc	61-1818820	3922058