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5th Floor
Burbank, CA 91504
Tel: (818) 848-6022

1560 Broadway
Suite 701
New York, NY 10036
Tel: (818) 848-6022

EMPLOYEE START FORM

Employer: New C.A.P.S., LLC, FEIN: 27-4217142

HIRE STATE		WORK STATE		ACCOUNT		DATE OF BIRTH	
PRODUCTION COMPANY				PROJECT			
EMPLOYEE NAME		MINOR? <input type="checkbox"/>		SOCIAL SECURITY NUMBER		START DATE	
EMPLOYEE ADDRESS				UNION		OCCUPATION DESCRIPTION	
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SCHEDULE	
STATE		ZIP		PHONE		EMAIL	
ETHNICITY (OPTIONAL) <input type="checkbox"/> White/Caucasian (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American or Alaska Native (not Hispanic or Latino) <input type="checkbox"/> Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Choose not to disclose				GENDER (OPTIONAL) <input type="checkbox"/> Male <input type="checkbox"/> Female		CITIZEN STATUS <input type="checkbox"/> US Citizen <input type="checkbox"/> Res Alien <input type="checkbox"/> Other (Attach Visa) COUNTRY OF ORIGIN _____	
PLEASE COMPLETE PER EMPLOYEE'S SCHEDULE:							
<input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL		STUDIO RATE		GUAR HOURS		DISTANT RATE	
HOURLY RATE							
WEEKLY RATE							
6TH DAY							
7TH DAY							
IDLE 6TH							
IDLE 7TH							
(INCLUDE FORM) KIT RENTAL							
CAR ALLOWANCE							
MEAL ALLOWANCE							
MEAL PENALTY							
EMPLOYEE SIGNATURE				DATE		PRODUCTION APPROVAL	
						DATE	

By signing this form, I authorize the employer, or its services or payroll provider, to take deductions from my earnings (regardless of payment method) to adjust previous overpayments if and when said overpayments may occur.