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5th Floor
Burbank, CA 91504
Tel: (310) 280-0755

1560 Broadway
Suite 701
New York, NY 10036
Tel: (310) 280-0755

EMPLOYEE START FORM

Employer: CAPS, 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	
						OCC CODE	
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>		SCHEDULE	
STATE		ZIP		PHONE		EMAIL	
ETHNICITY (OPTIONAL) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races <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:							
DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/>		STUDIO RATE		GUAR HOURS		DISTANT RATE	
						ACCOUNT	
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	

Attention all CA employees: Effective 2/14/2014, CAPS has established a Medical Provider Network (MPN) for all work-related injuries and/or illnesses. In the event of an injury, your care will be directed to a physician within the MPN and you have the right to pre-designate a doctor. For further information, please visit <https://www.capspayroll.com/MPNNotice.pdf>, email MPN@capspayroll.com, or call 877-243-9910.