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Suite 701  
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## COMMERCIAL 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			LOAN-OUT? <input type="checkbox"/>		MINOR? <input type="checkbox"/>		SOCIAL SECURITY NUMBER		START DATE
LOAN-OUT NAME					FEDERAL ID #				
EMPLOYEE ADDRESS				UNION		OCCUPATION DESCRIPTION		OCC CODE	
CITY				AGENT AUTHORIZATION ATTACHED? YES <input type="checkbox"/> NO <input type="checkbox"/>				SCHEDULE	
STATE		ZIP		PHONE			EMAIL		
STATE INCORPORATED		DATE INCORPORATED		STATE ID NUMBER			<input type="checkbox"/> US CORPORATION <input type="checkbox"/> MULTI MEMBER LLC <input type="checkbox"/> NON-US COMPANY: COUNTRY _____		
ETHNICITY (OPTIONAL)				GENDER (OPTIONAL)			CITIZEN STATUS		
<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"/> Male		<input type="checkbox"/> US Citizen	
<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"/> Female		<input type="checkbox"/> Res Alien	
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Choose not to disclose		<input type="checkbox"/> Non-Binary			<input type="checkbox"/> Other (Attach Visa)		
<input type="checkbox"/> Identify as Non-Binary where recognized									
EMPLOYEE SIGNATURE				DATE		PRODUCTION APPROVAL			

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.

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