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

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Suite 701  
New York, NY 10036  
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### 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		OCC CODE
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"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Two or more races (not Hispanic or Latino) <input type="checkbox"/> Choose not to disclose			GENDER (OPTIONAL) <input type="checkbox"/> Male <input type="checkbox"/> Female Non-Binary <input type="checkbox"/> Identify as Non-Binary where recognized		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	GUAR HOURS	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	

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.