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## EMPLOYEE START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

		RES. STATE	WK STATE	ACCOUNT	
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	
ETHNIC CODE	1 = WHITE      4 = ASIAN 2 = BLACK      5 = NATIVE AMERICAN 3 = HISPANIC   6 = OTHER	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	CITIZEN STATUS <input type="checkbox"/> US <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	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

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](mailto:MPN@capspayroll.com), or call 877-243-9910.