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Burbank, CA 91504
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13th Floor
New York, NY 10012
Tel: (212) 925-1415

EMPLOYEE START FORM

Employer: CAPS, LLC, FEIN: 27-4217142

HIRE STATE		WORK START		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				
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, or call 877-243-9910.