

2300 Empire Avenue, 5th Floor Burbank, California 91504-3350 818.848.6022

1560 Broadway, Suite 701 New York, NY 10036 818.848.6022

Employee Start Form Employer: New C.A.P.S., LLC, FEIN: 27-4217142

Production company					Hire state	Work state	Account		Date of birth
Employee name	Minor?	Project							
Employee address					Social Security number				Start date
City	Email			Union Occupation description			OCC code		
State Zip		Phone number			Agent authorization attached?				Schedule
				Yes No No					
Ethnicity (optional)					Gender (optional) Citizen sta				
White/Caucasian (not Hispanic or Latino)	Native Hawaiian or Pacific Islander (not Hispanic or Latino)			Male			US Citizen		
American Indian or Alaska N	Asian (not Hispanic or Latino)			Female			Res Alien		
Middle Eastern or North Afri (not Hispanic or Latino)	Hispanic/Latino			Non-Binary			Other (Attach Visa)		
Black or African American (not Hispanic or Latino)		Multiracial and/or Multiethnic (not Hispanic or Latino)			Identify as Non-Binary where recognized			Country of origin	
		Choose not to disclose							
Please complete per e									
Daily									
Weekly									
On-call		Studio	rate	Guar hours	Gu Distant rate hou				Account
Hou	rly rate								
Week	dy rate								
6	6th day								
7	th day								
Idle 6	Sth day								
Idle 7	th day								
(Include form) Kit Rental									
Car Allo	wance								
Meal Allo	wance								
Meal p	penalty								
Employee signature Date					Production appro	oval			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.

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