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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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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) <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 <input type="checkbox"/> 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)			
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.

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