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Burbank, CA 91504
Tel: (310) 280-0755

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370 Seventh Ave., 6th Floor
New York, NY 10001
Tel: (212) 925-1415

EMPLOYEE START FORM

Employer: CAPS, 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"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Two or more races <input type="checkbox"/> Choose not to disclose | | | | GENDER (OPTIONAL) <input type="checkbox"/> Male <input type="checkbox"/> Female | | 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: | | | | | | | |
| DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> ON-CALL <input type="checkbox"/> | | STUDIO RATE | | GUAR HOURS | | DISTANT RATE | |
| | | | | | | 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.