

# START FORM

☐ new employee      ☐ re-hire      ☐ Change

Producing Co	Picture Title				Account coding	
EMPLOYEE NAME	Social security number				union	Occ code
Employee Address	City	State	Zip	Sex M   F	Telephone	
Ethic code <input type="text"/>					Email address 1 = White   2 = Black   3=Hispanic   4=Asian   5=Native Amer   6=Other	
Citizen Status  <input type="checkbox"/> us <input type="checkbox"/> Resauen <input type="checkbox"/> Other (Must have visa attached)					Canadian individual tax number	
NOTE: This statement must be filled out prior to payment being made. UNDER THE PENALTIES OF PERJURY , I CERTIFY THAT I AM A RESIDENT OF THE STATE OF <input type="text"/>					Work State/City/Country	
Minor is employee a minor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Payment authorization attached ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Start Date	
Terms of employment      do not use shaded areas – for office use only						
Hourly Employee	Studio Rate	Quar Hours	Location Rate	Quar hours	Pay Scale	
Hourly Rate						
6TH DAY						
7TH DAY						