UNION START FORM

NEW EMPLOYEE



RE-HIRE			1210 W Burbank E	Blvd Burbank CA 9	1506 (818) 562-7866
PRODUCTION COMPANY		PICTURE/PROJECT			START DATE
EMPLOYEE NAME		SOCIAL SECURITY NUMBER		BIRTH DATE	SEX F
EMPLOYEE ADDRESS		CITY		STATE	ZIP
EMAIL	PHONE	,	JOB TITLE	'	OCC CODE
WORK CITY/STATE(S)			UNION NAME		UNION LOCAL
CITIZENSHIP US CITIZEN RESIDENT ALIEN OTHER		ETHNICITY (OPTIONAL) WHITE/CAUCASIAN ASIAN AFRICAN-AMERICAN AMERICAN INDIAN HISPANIC OTHER			
LOANOUT USE ONLY		PRODUCTION COMPANY USE ONLY			
COMPANY NAME		ACA EMP. STATUS	FULL TIME P	ART TIME VARIAE	BLE SEASONAL
FEIN/TIN		RATE TYPE HOURLY (NON-EXEMPT) DAILY WE			WEEKLY
REGISTERED TO DO BUSINESS IN ABOVE WORK STATE?	IF NO, WHICH STATE?	JOB TITLE			
SIGNATURES		ACCOUNT CODE			
By signing this form, I certify that all information entered is correct. I also agree that the employer may take deductions from my earnings to adjust previous overpayments if and when they may occur.		RATE PER HOUR/DAY/WEEK			
		GUARANTEED HOURS PER DAY/WEEK			
EMPLOYEE SIGNATURE AUTHORIZED SIGNATURE	TURE	BOX RENTAL			