## **UNION START FORM**

NEW EMPLOYEE



RE-HIRE			1210 W Burbar	nk Blvd   Burba	ank   CA   9	91506   (818) 562-786
PRODUCTION COMPANY		PICTURE/PROJECT				START DATE
EMPLOYEE NAME		SOCIAL SECURITY NUMBER		BIRTH DATE		SEX F
EMPLOYEE ADDRESS		СПУ		STATE		ZIP
EMAIL .	PHONE		JOB TITLE		OCC CODE	
HIRED IN/FROM	WORK CITY/STATE(S)		UNION NAME	JNION NAME		UNION LOCAL
CITIZENSHIP  US CITIZEN  RESIDENT ALIEN  OTHER		ETHNICITY (OPTIONAL)  WHITE/CAUCASIAN AFRICAN-AMERICAN AFRICAN AMERICAN INDIAN HISPANIC OTHER				
LOANOUT USE ONLY		PRODUCTION COMPANY USE ONLY				
COMPANY NAME		ACA EMP. STATUS	FULL TIME	PART TIME	VARIABI	E SEASONAL
FEIN/TIN		RATE TYPE HOURLY (NON-EXEMPT) DAILY			WEEKLY	
REGISTERED TO DO BUSINESS IF NO, WHICH STATE?  IN ABOVE WORK STATE?  NO		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 SIGNA	TURE	BOX RENTAL				
		CAR DENTAL				