

AFTRA/SAG

350 Sansome Street, Suite 900
San Francisco, CA 94104-1304
(415) 391-7510

AFTRA ___/SAG ___ TAFT HARTLEY REPORT

Enclosed: Resume ___ Photo ___

EMPLOYEE INFORMATION

Name: _____ SS#: _____

Address: _____ Age (if minor): _____

City/State: _____ Zip: _____ Phone: _____

EMPLOYER INFORMATION

Name: **TALENT FUND** Check One: ___ Casting Co. ___ Ad Agency

Address: P O BOX 188 ___ Prod Co. ___ Advertiser

City/State/Zip HALF MOON BAY, CA 94019 X Paymaster

Phone 415/726-5677

EMPLOYMENT INFORMATION: Check Appropriate Boxes

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Principal | <input type="checkbox"/> Daily | <input type="checkbox"/> Gen Extra | <input type="checkbox"/> Actor |
| <input type="checkbox"/> Extra Player | <input type="checkbox"/> 3-Day (TV) | <input type="checkbox"/> Spec Ability Ex | <input type="checkbox"/> Stunt Performer |
| <input type="checkbox"/> On Camera | <input type="checkbox"/> Weekly ___ Stand in | <input type="checkbox"/> Silent Bit (Indust) | <input type="checkbox"/> Puppeteer |
| <input type="checkbox"/> Off Camera | <input type="checkbox"/> Commercial | <input type="checkbox"/> Hand Model (Comm) | <input type="checkbox"/> Group: List # in Grp |
| | <input type="checkbox"/> Industrial | | <input type="checkbox"/> Singer |
| | <input type="checkbox"/> Theatrical | | <input type="checkbox"/> Dancer |
| | <input type="checkbox"/> TV Program | | <input type="checkbox"/> Solo/Duo: Check: |
| | <input type="checkbox"/> Interactive | | <input type="checkbox"/> Singer |
| | | | <input type="checkbox"/> Dancer |
| | | | Other: _____ |

Work Dates: _____ Salary: _____

Production Title: _____

Reason for hire (in detail): _____

Previous Experience/Training (if no resume): _____

Employer is aware of applicable provisions of relevant Producer-AFTRA or SAG contract for this production wherein Preference of Employment shall be given to qualified professional actors (except as otherwise stated). Employer will pay as liquidated damages the sums indicated for each breach by the Employer of any provision of those sections.

Signature: _____ Date: _____
(Indicate: Producer/Casting Director)

Print Name: _____