

Payment Amount: _____
Payment Method: _____
Employee ID: _____

E!M Use Only

APPLICATION FOR SERVICE - Men

Effective: _____

Referred by: _____

Availability: _____

Account #: _____

PRINT: Last Name			First	MI	Social Security #	Date of Application		
Have you ever been with Extras Management / Phone in the past YES <input type="checkbox"/> NO <input type="checkbox"/>					Drivers Lic State	Drivers Lic # / Exp date		
Are you willing to work AFTRA on the Union Side? YES <input type="checkbox"/> NO <input type="checkbox"/>					Work SAG Non Union YES <input type="checkbox"/> NO <input type="checkbox"/>	Work AFTRA Non Union? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Fill in these boxes ONLY if respective union member ->					AFTRA #	SAG #		
Street Address					Apt #			
City					State	ZIP		
Email address: _____					OK to email details? YES <input type="checkbox"/> NO <input type="checkbox"/>	Cell #	Cell Carrier	
					Home #	Emergency #		
					OK to Text Msg. Cell? YES <input type="checkbox"/> NO <input type="checkbox"/>	Test Text Sent <input type="checkbox"/> E!M Use Only		
Auto 1 Make and Model					Year	Color		
Auto 2 Make and Model					Year	Color		
Description	Sex M	Birth Date	Ethnic Look Circle One: B H C A	Ethnicity	Height	Weight	Coat	
	Shirt (Neck/Sleeve)	Pants (Waist/Inseam)	Shoe	Hat	Eye Color	Hair Length	Hair Color	Hairstyle
Future Date(s) Unavailable to work					From	To		
Future Date(s) Unavailable to work					From	To		
Future Date(s) Unavailable to work					From	To		
Future Date(s) Unavailable to work					From	To		
Future Date(s) Unavailable to work					From	To		