

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

E!M Use Only

## APPLICATION FOR SERVICE - Women

Effective: \_\_\_\_\_

Referred by: \_\_\_\_\_

Availability: \_\_\_\_\_

Account #: \_\_\_\_\_

<b>PRINT :</b> 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"/>	
<b>Fill in these boxes ONLY if respective union member -&gt;</b>					AFTRA #		SAG #	
Street Address					Apt#			
City					State		ZIP	
Email address: _____					OK to email details? YES <input type="checkbox"/> NO <input type="checkbox"/>		Cell #	
					Home #		Cell Carrier	
							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	
<b>Description</b>	Sex <b>F</b>	Birth Date	Ethnic Look Circle One: B H C A	Ethnicity	Height	Weight	Bust/Cup	Waist
	Hips	Dress Range: From: To:	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	