Arkansas Department of Labor Wage and Hour Division 10421 West Markham

Little Rock, Arkansas 72205-2190 Telephone (501) 682-4500 * TDD: (800) 285-1131

APPLICATION FOR EMPLOYMENT OF A MINOR

Section 1. INSTRUCTIONS

(Address of Parent, Guardian or Custodian)

- 1. All sections <u>must</u> be completed before submitting the application. If all sections are not completed, the application will be denied.
- 2. As a means of establishing age, please submit a copy of one of the following documents with the application: Certificate of Birth, Driver's License, State issued I.D. card, or a notarized copy of school record listing the minor's name and date of birth.
- 3. The following information <u>must</u> be provided or the application will be denied: exact hours the minor will be working, specific job description and proof of age.

NOTE: A work permit is not required for a minor 16 and 17 years of age. However, there are federal laws that limit the jobs these minors can perform. For more information, please visit www.youthrules.dol.gov.

Section 2. STATEMENT OF PARENT, GUARDIAN OR CUSTODIAN

This statement must be completed by the parent, guardian or custodian of this child and signed by the parent, guardian or custodian, and also by the child. I, the undersigned, hereby affirm that I am the ______ of ____ (First Name) (Middle Name) (Last Name) (Parent, Guardian or Custodian) now residing at ______ (Give Number and Street, City, County, State, Zip Code) (County) (State) on the _____day of ______, 19 _____, and is now _____ years of age. School currently attending or last attended: (Name of School) (Location) Child will be employed by _____ (Give Name of Firm and Address) (Occupation of Minor) and I am willing that ______be so employed and ask that an employment certificate be issued as provided by law. (Signature of Child) (Signature of Parent, Guardian or Custodian) (Date) (Date) (Printed Name of Parent, Guardian or Custodian)

Section 3. INTENTION TO EMPLOY

(This section is to be comple The undersigned intends to e		ployer. This information must be provided or a permit will n	ot be issued.)
	(Name and Ad	ldress of Minor)	
in the capacity of		in the (Type of Business)	industry,
for da	ys per week,	hours per day on the following days:	
(Complete start and end time	es for only the days that apply)		
Monday beginning	and ending		
Tuesday beginning	and ending		
Wednesday beginning	and ending		
Thursday beginning	and ending		
Friday beginning	and ending		
Saturday beginning	and ending		
Sunday beginning	and ending		
Yes or No: Employment duri	ng vacation periods	Employment during school year	
allows a minor 14 and 15 y precede a school day. <u>If you</u> 1) during school hours; 2) l 3) more than three hours a hours a week during a school child labor laws, you will ne	ears of age to work until 7:00 pr business is subject to the Faibefore 7.a.m. or after 7 p.m., eday on a school day, including bol week; 6) more than 40 hou	peginning time and latest possible ending time. Please note p.m. on nights that precede a school day and until 9:00 p.r. ir Labor Standards Act, a minor 14 and 15 years of age except June 1 through Labor Day, when the evening hour g Fridays; 4) more than eight hours a day on a non-school urs a week during non-school weeks. To obtain additional ent of Labor at (501) 223-9114, or visit www.youthrules.dol iied.	n. on nights that do may not be employ r is extended to 9 pol day; 5) more that information on Fec
		nor immediately upon receipt of a certificate issued by the sas Statutes and the Fair Labor Standards Act relating to the	
(Name of business/employer)			
(Business Mailing Address)			
(City/State/Zip)			
(Employer's Telephone Number)			
(Signature of Employer or Authorize	ed Agent)	(Printed name of Employer or Authorized Agent)	

REMINDER: Proof of age must be attached to application or permit will not be issued.