

EMPLOYMENT CERTIFICATE APPLICATION FORM

The Work Permit is ONLY Issued and VALID for Students 15 years old and younger as per the Illinois Department of Child Labor Law

Date: _____ Name of Student: _____ Male/Female

Address: _____

Phone: _____ Social Security #: _____
City State Zip

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PARENT (S): I have read the statement from the employer below and give my son/daughter permission to work in his/her establishment.

Parent Name (Print): _____ Parent Signature: _____

Parent Address: _____

Phone # _____ Date: _____

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EMPLOYER: (Please fill in the following information or submit a letter on company letterhead including the same information. Including date of employment)

I agree to employ the above named student.

Is liquor served? Yes No Summer work only? Yes No

Place of employment: _____ Nature of Industry: _____

Address: _____

City State Zip

Type of work to be done: _____

Position: _____

Student will work _____ hours on school days and not more than eight (8) hours on days when school is NOT in session, or _____.

Employer's Name (Print): _____

Signature of Employer: _____ Phone #: _____

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COPIES OF THE APPLICANT'S OFFICIAL BIRTH CERTIFICATE AND A PHYSICAL WITHIN A YEAR MUST ACCOMPANY THIS APPLICATION FOR IT TO BE PROCESSED

BOTH THE STUDENT AND PARENT MUST BE PRESENT TO COMPLETE THE PROCESS