## The Employment Certificate is ONLY Issued and VALID for Students under 16 years of age as directed by the Illinois Department of Child Labor Law

Date:		School:	
Name of Student:			
Address:			
Phone: Social Security:			
The minor child must be present when a work permi obtain a work permit for the minor child.		15	
A COPY OF THE APPLICANT'S <u>BIRTH CERT</u> YEARS OF APPLICATION DATE) MUST ACC	COMPANY THIS APPLIC	CATION FOR PRO	OCESSING.
PARENT/GUARDIAN - I have read the statement work in said place of business. Also, the parent/guard the age of 16 as required under section 205/12 of the	dian must be present when a	nd give my son/daug work permit is issi	ghter permission to ued to someone under
Parent Name (Print):	*		
Parent Signature:			
Parent Address:			
Phone:			
<b>EMPLOYER</b> – Please fill in the following informati information.	on or submit a letter on com	apany letterhead inc	cluding below
I agree to employ the above named student.			
Type of work to be done:			
Position:		Hours per day/wee	ek:
Name of Company:			
Address of Company:			
Is the above position for summer only? Yes			
Employer's Name (Print):		Phone:	
Signature of Employer:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date:	
	*********		
PHYSICIAN – I have read the information provided became minor physically fit for an employment certific	by the employer and the pareate.	ent/guardian above	and find the above-
Signature of Physician:		D-4	