Statement of Intent to Employ Minor and Request for Work Permit

Not a work permit —Print all information except signatures

For Minor to Complete					
>					
Minor's name (last name first)		Social security number	Date of birth	Age Grade	
Street address	City	ZIP Code	Home te	elephone	
School name					
Street address	City	ZIP Code	School t	elephone	
Succe address	City	Zh code	School t	Серноне	
For Employer to Complete (Please review rules for employment of minors on reverse.)					
• •	1 7	,			
Name of business					
Street address	City	ZIP Code	Business	s telephone	
Minor's work duties			Hourly wage		
Employer's Workers Compensation Insurance Company:					
Maximum number of hours of employment when school is in session:					
Mon. Tues Wed	Thurs	Fri. Sat.	Sun.	Weekly =	
This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.					
Supervisor's signature	Supervisor's name (print or type)				
For Parent or Guardian to Complete					
This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request that a work permit be issued.					
In addition to this employer, my child is working for:					
		Name	of business		
Signature of parent or legal guardian		Date			
For School to Complete	_				
	Type:	Regular			
Evidence of minor's age		Vacation			
Signature of verifying authority	_	Year-Round			
~-g		Work Experience Education			
		Other (specify)			

CALIFORNIA DEPARTMENT OF EDUCATION FORM B1-1 (revised 6/03)

IMPORTANT: See reverse side for additional information.