

**EMPLOYMENT CERTIFICATE APPLICATION FORM**

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: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security: \_\_\_\_\_ Counselor: \_\_\_\_\_

The minor child must be present when a work permit is issued. The parent may not come in without the minor child to obtain a work permit for the minor child.

**A COPY OF THE APPLICANT'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD AND CURRENT PHYSICAL (WITHIN TWO YEARS OF APPLICATION DATE) MUST ACCOMPANY THIS APPLICATION FOR PROCESSING.**

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**PARENT/GUARDIAN** - I have read the statement from the employer below and give my son/daughter permission to work in said place of business. Also, the parent/guardian must be present when a work permit is issued to someone under the age of 16 as required under section 205/12 of the Illinois Child Labor Law.

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 below information.

*I agree to employ the above named student.*

Type of work to be done: \_\_\_\_\_

Position: \_\_\_\_\_ Hours per day/week: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Is the above position for summer only?  Yes  No Is alcohol served?  Yes  No

Employer's Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

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**PHYSICIAN** - I have read the information provided by the employer and the parent/guardian above and find the above-named minor physically fit for an employment certificate.

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_