

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A “STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE” form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

PRINT INFORMATION CLEARLY AND COMPLETELY.**MINOR’S INFORMATION:**_____
Minor’s Name (Print: Last Name, First Name)_____
Home or Cell Phone #_____
Grade_____
School ID#_____
Home Address_____
City_____
Zip Code_____
Birth Date_____
Social Security_____
Age_____
Ethnicity_____
Minor’s Signature**SCHOOL INFORMATION:**_____
School Name_____
School Address_____
City_____
Zip Code_____
School Phone #_____
Counselor’s Signature**TO BE FILLED IN AND SIGNED BY PARENT OR LEGAL GUARDIAN:**

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 and belief, the information herein is correct and true.

Parent’s or Legal Guardian’s (Print: Last Name, First Name)_____
Parent’s or Legal Guardian’s Signature_____
Date**TO BE FILLED IN AND SIGNED BY EMPLOYER:**_____
Business Name or Agency of Placement_____
Business Phone #_____
Supervisor’s Name (Print: Last Name, First Name)_____
Business Address_____
City_____
Zip Code**DESCRIBE NATURE OF WORK TO BE PERFORMED: _____****EMPLOYER’S MAXIMUM EXPECTED WORK HOURS: _____ HOURS PER DAY _____ HOURS PER WEEK**

In compliance with California labor laws, this employee is covered by workers’ compensation insurance. 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.

Employer’s Name (Print: Last Name, First Name)_____
Employer’s Signature_____
Date**PERMIT TYPE: FULL-TIME RESTRICTED GENERAL WORKABILITY WORK EXPERIENCE EDUCATION, VOCATIONAL EDUCATION**

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.