



Arkansas Department of Labor and Licensing

APPLICATION FOR EMPLOYMENT OF A MINOR

Mail To:
 Arkansas Dept of Labor and Licensing
 Labor Standards Section
 900 West Capitol STE 400
 Little Rock, Arkansas 72201
 Ph 501-682-4534 fax 501-682-4506
 TDD (800) 285-1131

INSTRUCTIONS:

SECTION 1

1. All sections **must** be completed before submitting the application. ***If all sections are not completed, the application will be denied.***
2. As a means of establishing age, please submit a copy of one of the following documents with the application:
 - a) Certificate of Birth; b) Driver's License; c) State or Federal I.D. card d) Notarized copy of school record listing the minor's name and date of birth
3. The parent/guardian/custodian, child and the employer must sign the application or the application will be denied.

NOTE: A WORK PERMIT IS NOT REQUIRED FOR A MINOR 16 YEARS OF AGE. HOWEVER THERE ARE FEDERAL LAWS THAT LIMIT THE JOBS THESE MINORS CAN PERFORM. FOR MORE INFORMATION PLEASE VISIT WWW.YOUTHRULES.GOV

Statement of Parent, Guardian Or Custodian

SECTION 2

I, the undersigned, hereby affirm that I am the _____ of _____ now residing at _____

(Parent, Guardian or Custodian) (First Name)(Middle Name)(Last Name)

_____, _____, _____, _____, _____

(Street and Number) (City) (County) (State) (Zip Code)

and that _____ was born in _____ on the _____ day of _____

(He/She) (City) (County) (State)

_____, 20_____ and is now _____ years of age. School currently attending or last attended:

(Month) (Year)

_____, _____

(Name Of School) (Location)

I am willing that _____ be so employed as stated in Section 3 of the application and ask that an employment certificate be issued as provided by law.

(He/She)

_____, _____, _____

(Signature of Parent/Guardian/Custodian) (Printed Name of Parent/Guardian/Custodian) (Signature of Minor)

Intention to Employ *This section is to be completed in full and signed by the employer. Information must be provided or permit will not be issued.* **SECTION 3**

The undersigned intends to employ:

_____, _____, _____, _____ in the capacity of _____

Name of Minor Address City State

_____ in the _____ industry for _____ days per week, _____ hours per day on the following days:

Occupation Type of business

(Complete start and end times for only the days that apply)

Mon: Start _____ End _____ Tues: Start _____ End _____ Weds: Start _____ End _____ Thurs: Start _____ End _____

Fri: Start _____ End _____ Saturday: Start _____ End _____ Sunday: Start _____ End _____

Employment during Vacation Periods? Yes No Employment during school year Yes No

If the minor's schedule will vary, list the earliest possible beginning time and the latest possible ending time. Please note that Arkansas law allows a minor 14 and 15 years of age to work until 7:00 p.m. on nights that precede a school day and until 9:00 p.m. on nights that do not precede a school day. **If your business is subject to the Fair Labor Standards Act, a minor may not be employed: 1) during school hours; 2) before 7:00 a.m. or after 7:00p.m., except June 1 through Labor Day, when the hour is extended to 9:00 p.m.; more than three (3) hours a day on a school day, including Fridays; 4) more than eight (8) hours a day on a non-school day; 5) more than eighteen (18) hours a week during a school week; 6) more than forty (40) hours a week during non-school weeks.** To obtain additional information on Federal child labor laws, you will need to contact the U.S. Department of Labor at (501) 223-9114, or visit www.youthrules.dol.gov. Failure to comply with these regulations will result in the application being denied.

The undersigned intends to employ the above-mentioned minor immediately upon receipt of a certificate issued by the Arkansas Department of Labor and agrees to comply with the provisions of the Arkansas Statutes and the Fair Labor Standards Act relating to the employment of minors.

_____, _____, _____, _____, _____

Name of Business/Employer Mailing Address City State Zip

_____, _____, _____

Signature of Employer or Authorized Agent Printed name of Employer or Authorized Agent Employers Telephone Number (Area Code First)

REMINDER: Proof of age must be attached to application or permit will not be issued.

Office Use:
 Approved _____ Denied _____ Date _____