

**Example of Arkansas
Work Permit**

Arkansas Department of Labor
Wage and Hour Division
10421 West Markham
LittleRock, Arkansas 72205-2190
Telephone (501) 682-4500 * TDD: (800) 285-1131

APPLICATION FOR EMPLOYMENT OF A MINOR

Section 1. INSTRUCTIONS

- 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:** Certificate of Birth, Driver's License, State issued I.D. card, or a notarized copy of school record listing the minor's name and date of birth.
- 3. The following information **must** be provided or the application will be denied: exact hours the minor will be working, specific job description and proof of age.

NOTE: A work permit is not required for a minor 16 and 17 years of age.

Section 2. STATEMENT OF PARENT, GUARDIAN OR CUSTODIAN

(This statement must be completed by the parent, guardian or custodian of this child and signed by the parent, guardian or custodian, and also by the child).

I, the undersigned, hereby affirm that I am the Parent
(Parent, Guardian or Custodian)

of Fanny Michelle Abel, now residing at
(First Name) (Middle Name) (Last Name)

P O Box 6170 Hatfield Hollow AK 49992
(Give NumBer and Street, City, County, State, Zip)

and that She was born in Tucson Pueblo AZ
(He/She) (City) (County) (State)

on the 1st day of November 1987, and is now 15 years of age.

School currently attending or last attended Luke OverHill, 347 S. Central Ave
(Name of School) (Location)
YourCity, AR 99999

Child will be employed by United Parts and Wires, Suite 130-A, 2010 Airport Way, Red Oaks, AR, 49942, (555) 555-1213
(Give Name of Firm and Address)

as clerk typist
(Occupation of Minor)

and I am willing that She be so employed, and ask that an employment certificate be issued to said child as provided by law.
(He/She)

(Signature of Parent, Guardian or Custodian)

P O Box 6170, Hatfield Hollow, AK 49992
(Address of Parent, Guardian or Custodian)

Signature of Child _____
(Child Must Sign Own Name Her)

(Date)

Section 3. INTENTION TO EMPLOY

(This section is to be completed in full and signed by the employer.) This information must be provided or a permit will not be issued.)
The undersigned intends to employ:

Fanny Michelle Abel, P O Box 6170, Hatfield Hollow, AK 49992

(Name and Address of Minor)

In the capacity of clerk typist in the office clerical (parts distributor) industry.
(Occupation)

for 6 days per week, 04:00 hours per day on the following days:

Yes or No: Vacation employment only Yes Employment during school year only No Both No

(Complete only the days that apply)

Monday beginning 1:00 pm and ending 4:00 pm

Tuesday beginning 1:00 pm and ending 4:00 pm

Wednesday beginning 1:00 pm and ending 4:00 pm

Thursday beginning 1:00 pm and ending 4:00 pm

Friday beginning 1:00 pm and ending 4:00 pm

Saturday beginning 8:00 am and ending 12:00 pm

Sunday beginning _____ and ending _____

If the minor's schedule will vary, list the earliest possible beginning time and latest possible ending time. Please note that Arkansas law only 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 14 and 15 years of age can work three (3) hours per day until 7:00 p.m. on nights preceding a school day with a maximum of eighteen (18) hours per week. To obtain additional information on Federal child labor laws, you will need to contact the U.S. Department of Labor at (501) 324-5292. 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

United Parts and Wires

(Employer)

Suite 130-A

(Business Mailing Address)

Red Oaks, AR 99942

(City/State/Zip)

555-555-1213

(Employer's Telephone Number)

(Signature of Employer or Authorized Agent)

REMINDER:

Proof of age must be attached to application or a permit will not be issued.)

Original--to be retained by employer