

Statement of Intent to Employ Minor and Request for Work Permit

NOT A WORK PERMIT

For Minor to Complete

Minor's Name	Social Security Number	Date of Birth	Age
Street Address	City	ZIP Code	Home Phone

For Employer to Complete

Please Print

(Please review the rules of minors)

Business Name	Street Address	City	ZIP Code
Business Phone	Minor's Work Duties		
Employer's Worker's Compensation Insurance Company _____			
Maximum number of hours of employment when school is in session: Mon. ___ Tue. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___ Weekly= _____			
Supervisor's Signature	Supervisor's Name (Printed or Typed)		

This minor is being employed at work described here on with my full knowledge and consent, and request at work permit to be issued.

Signature of Parent or Guardian	Date
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For School to Complete

Pacific Grove High School	Evidence of Minor's Age
School Name	
615, Sunset Drive	Pacific Grove
School Address	City
	93950
	ZIP Code
	646-6590
	School Phone
TYPE: Regular _____ Vacation _____ Work experience Education _____	
Year Round _____ Counselor's Signature: _____	