

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)***Minor’s Information**

| | | | |
|--|------------------------|----------|---------------------|
| Minor’s Name (<i>First and Last</i>) | Home Phone | Grade | |
| Home Address | City | Zip Code | |
| Birth Date | Social Security Number | Age | Student’s Signature |

School Information

| | | |
|-----------------------------|---------------------|----------|
| JSerra Catholic High School | 949-493-9307 | |
| School Name | School Phone | |
| 26351 Junipero Serra Road | San Juan Capistrano | 92675 |
| School Address | City | Zip Code |

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 Name (<i>Print First and Last</i>) | Parent’s Signature | Date |
|---|--------------------|------|

To be filled in and signed by employer

| | | |
|--|----------------|-------------------|
| Business Name or Agency of Placement | Business Phone | Supervisor’s Name |
| Business Address | City | Zip Code |
| Employer’s Maximum Expected Work Hours: _____ hours per day _____ hours per week | | |
| Describe nature of work to be performed: _____ | | |

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 (<i>Print First and Last</i>) | Employer’s Signature | Date |
|---|----------------------|------|

For authorized work permit issuer use ONLY

| | | | | | | | | | | | | | | | |
|---|------|-----|------|-----|-----|-----|-------|---|------|-----|------|-----|-----|-----|-------|
| Maximum number of work hours when school is in session: | | | | | | | | Maximum number of work hours when school is not in session: | | | | | | | |
| Mon | Tues | Wed | Thur | Fri | Sat | Sun | Total | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Total |
| Proof of Minor’s Age (<i>Evidence Type</i>) | | | | | | | | Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability | | | | | | | |
| Verifying Authority’s Name and Title (<i>Print</i>) | | | | | | | | | | | | | | | |
| Verifying Authority’s Signature | | | | | | | | | | | | | | | |

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>.