

**Statement of Intent to Employ Minor and Request for Work Permit
NOT A WORK PERMIT – PRINT ALL INFORMATION EXCEPT SIGNATURES**



Directions: Please type or print using a blue or black ink pen.

TO BE COMPLETED BY MINOR APPLICANT AND PARENT/GUARDIAN			
Name of Minor: (last) (first) (MI)		Address:	City: ZIP:
Age:	Date of Birth: Month/Day/Year:	Social Security Number: _____ - _____ - _____	Home Telephone Number:
Name of School:		School Address:	City: ZIP:
Student ID:	Grade:	Counselor:	School Telephone Number:
PARENT'S STATEMENT: 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, the information herein is correct and true. I request that a work permit be issued.		Signature of Parent/Guardian: (x) _____	Date:
STUDENTS: You must have a 2.0 grade point average on the most recent progress report with no failing grades in any class and an 85% attendance record in all classes to qualify for a work permit.			

TO BE COMPLETED BY EMPLOYER			
Name of Business:		Address:	City: ZIP:
Telephone Number:	Ext:	Fax:	Email:
Weekly Maximum Hours:	Hourly Wage:	Applicant's Job Title/Work Duties:	Workers' Compensation Carrier:
EMPLOYER'S STATEMENT: 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, color, national origin, ancestry, age, physical handicap, or medical. I hereby certify that, to the best of my knowledge, the information herein is correct and true.		Supervisor's Name: (Print) _____ Supervisor's Signature: (x) _____	Date:
EMPLOYER: If any employer segment is left blank, we will ask the student to return it to you for completion. The Dept of Labor requires all information be complete to issue a permit.			

TO BE COMPLETED BY SCHOOL			
Work Permit Type:		Evidence of Minor's Age:	GPA:
<input type="checkbox"/> Regular	<input type="checkbox"/> ROP CVE/WEE	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport/Visa
<input type="checkbox"/> Probationary-Att	<input type="checkbox"/> ROP CVE/Probationary	<input type="checkbox"/> CDL/CID	<input type="checkbox"/> Other _____
<input type="checkbox"/> Vacation		<input type="checkbox"/> School Record	
Form Issue Date:	Date Returned:	Signature of Verifying Authority:	Exp Date:

Minor must live or attend school within the Santa Monica-Malibu USD boundaries to be issued a permit from SM-MUSD.

The student must pick up the work permit in person. Student's signature in our presence is required to release the permit.

School Year Work Permit Office Hours: Monday – Thursday, 3:30 – 6:30 p.m.

The ROP Office is closed on Fridays, no work permit applications may be dropped off or completed permits picked up.

Returned Monday.....Pickup Wednesday

Returned Wednesday.....Pickup Monday

Returned Tuesday.....Pickup Thursday

Returned Thursday.....Pickup Tuesday

Questions?? – Call the ROP Office at (310) 395-9493 x 71472 or 71473