

NOTE: This form is not an Employment Certificate.

The process for employing a minor, under the age of 18, involves a two-part process:

1. After the employer completes this application, the minor must have a parent sign the Parent's Consent Statement section below. Bring the form, along with proof of age (examples: birth certificate, driver's license, etc.) to an **authorized issuing location**, typically the School Board or high school).
2. The authorized official will then issue an Employment Certificate, providing all conditions regarding hours, type of employment, etc. are in accordance with R.S. 23:151-234.

Applicant Information:

<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of minor		Age	Sex	Date of birth
<input type="text"/>			<input type="text"/>	
Physical address: city, state and zip code			Telephone number	
<input type="text"/>			<input type="text"/>	
Number of work hours per day			Number of days per week	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5:00	p.m.	9:00	p.m.	8:00
				a.m.
				1:00
				p.m.
Time shift begins		Time shift ends		Minors ages 14 and 15 only:
Prior to school days				Time shift begins and ends during June 1 – Labor Day



Employer Information:

<input type="text"/>	
Ponchatoula Area Recreational District 1	
Name of employer (DBA)	
<input type="text"/>	
19030 Ponchatoula Park Drive	
Physical address — where work will be performed: city, state and zip code	
<input type="text"/>	<input type="text"/>
985-370-7273	Recreation
Employer's telephone number	Industry of employer
<input type="text"/>	
Scorekeeper/Concessions	
Job tasks to be performed by minor	
<input type="text"/>	

Job tasks (continued)

Marie Lewis, Volleyball
 Name and title of employer representative

Marie Lewis
 Signature: Name of employer representative

Parent's Consent Statement:

I, , , hereby give consent for
 Signature of consenting parent or legal guardian Date Telephone number

 Name of child , to be employed by the above named employer.

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THIS FORM MUST BE COMPLETED AND SIGNED BY AN EMPLOYER REPRESENTATIVE OF THE EMPLOYING FIRM.