



APPLICATION FOR A MINOR'S EMPLOYMENT CERTIFICATE

DIRECTIONS: Read and complete the form thoroughly and completely, to the best of your knowledge. All information requested must be completed in the **applicant's print handwriting in black or blue ink.** Original forms with wet signatures must be submitted to GDOL's Wage and Hour office.

MINOR'S INFORMATION			
Name: <i>(Print Last Name, First Name, M.I.)</i>		Social Security Number:	DOB: <i>(MM/DD/YYYY)</i>
Home Address: <i>(House/Apartment #, Street Name, Building)</i>		Village:	State:
Mailing Address: <i>(P.O. Box/House/Apartment #, Street Name, Building)</i>		Village:	State:
Contact Number(s):	Father's/Guardian's Name & Contact Number:	Mother's/Guardian's Name & Contact Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: <i>(Check all that apply)</i> <input type="checkbox"/> African American <input type="checkbox"/> Chuukese <input type="checkbox"/> Korean <input type="checkbox"/> Pohnpeian <input type="checkbox"/> Caucasian <input type="checkbox"/> Filipino <input type="checkbox"/> Kosraean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chamorro <input type="checkbox"/> Indian <input type="checkbox"/> Marshallese <input type="checkbox"/> Yapese <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Palauan <input type="checkbox"/> Other:			
Citizenship: <i>(For statistical purposes only)</i> <input type="checkbox"/> United States <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> FSM <input type="checkbox"/> Other:			

APPLICANT'S SCHOOL INFORMATION		
Name of School:	Grade Level: <i>(by credits)</i>	Expected Graduation Date:
School Address: <i>(House/Apartment #, Street Name, Building)</i>	Village:	State:
School Contact Number(s):	Name of School Principal:	

DOCUMENTS TO SUBMIT	
Application is subject for review by a Labor Law Enforcement Specialist. Attach all applicable documents below.	
<input type="checkbox"/> Photo I.D. (Passport, Guam ID) of applicant	<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Photo I.D. of parent(s) or guardian(s)	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> School schedule (verified with school stamp and official signature)	<input type="checkbox"/> Other: _____

By signing this document, I understand that as an minor and employee, I must follow all rules and regulations outlined in **Title 19, Guam Code Annotated, Child Labor Law and Wage and Hour Commissioner's Regulation.**

_____ **PRINT Minor/Applicant's Full Name** _____ **Signature** _____ **Date**

By signing this document, I understand that as the parent/guardian of the minor and employee, I must follow all rules and regulations outlined in **Title 19, Guam Code Annotated, Child Labor Law and Wage and Hour Commissioner's Regulation** and that this request for an employment certificate is made with my knowledge and consent.

_____ **PRINT Parent/Guardian's Full Name & Relation** _____ **Signature** _____ **Date**

EMPLOYMENT INFORMATION

Position/Occupation Title:		<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	Type of business: (i.e. pet store, café, etc.)	
Name of company/organization:					
Physical address:					
Provide a full list of duties performed by the employee: <i>(attach another sheet if necessary)</i>					
Name of HR representative:		Name of immediate supervisor:		Employer contact number(s):	
Start Date: <i>(MM/DD/YYYY)</i>		End Date: <i>(if temporary hire) (MM/DD/YYYY)</i>		<input type="checkbox"/> Local Hire	<input type="checkbox"/> Contract Hire
				<input type="checkbox"/> Temporary Hire	
Start time:	End time:	Meal period start time:	Meal period end time:	Hours worked per day:	
Compensation Cycle: <i>(How often will the employee be paid?)</i>					
<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Monthly	
				<input type="checkbox"/> Semi-Monthly	
				<input type="checkbox"/> Daily	
Hourly Rate: \$		Compensation/Payment Type: <i>(How did you receive your payment for hours worked)</i>			
		<input type="checkbox"/> Check		<input type="checkbox"/> Cash	
		<input type="checkbox"/> Direct Deposit		<input type="checkbox"/> Other:	
By signing this document, I understand that as a representative of the hiring company, we must follow all rules and regulations outlined in Title 19, Guam Code Annotated, Child Labor Law and Wage and Hour Commissioner's Regulation.					
_____ PRINT Employers Name & Job Title		_____ Signature		_____ Date	

FOR WAGE AND HOUR OFFICIAL ONLY

Documents submitted for verification of date of birth.		
Date of birth: <i>(MM/DD/YYYY)</i>	Place of birth: <i>(Village/City, State, Country)</i>	Document Type & Number
Verified and Recommended by:		Employment Certificate No.:
Comments:		