



Illinois Department of Labor Employment Certificate

Date of Issue: _____

VALID FOR ONE YEAR AND FOR EMPLOYER TO WHOM ORIGINALLY ISSUED

This certifies that I, the undersigned issuing officer, have made a careful examination of the application and of all proofs, documentary or otherwise, as required by Section 12 of the Child Labor Law (CLL), 820 ILCS 205/1 et seq. and the regulations at 56 Ill. Adm. Code 250.400 in issuing this employment certificate and have on file all information required by Section 12 to be submitted with the application and hereby approve this employment certificate.

The MINOR to whom this certificate is issued:

(First Name) _____ (Middle Name) _____ (Last Name) _____

Sex Female
 Male

(Street Address) _____

(City) _____ (State) _____ (Zipcode) _____

The Employer who intends to employ said MINOR:

Business Name _____

(Street Address) _____

(City) _____ (State) _____ (Zipcode) _____ Business Telephone _____

Occupation of Minor: _____

- 5. Copies of the employment certificate shall be provided to the employer, Illinois Department of Labor, the minor's parent or guardian and the issuing officer shall also retain a copy on file.
- 6. Any employer, upon termination of the employment shall immediately return the certificate issued to the issuing officer as required by Section 13 of the CLL.

7. **Father McGivney Catholic High School**

School Name of Issuing Officer _____

142 Wilma Drive Maryville, Illinois 62062

Issuing Officer Address (street, city, state ,zip) _____

James M. Scholz

(Printed Name of Issuing Officer) _____

By accepting and submitting this form, the issuing officer affirms and certifies that all information provided and the statements made herein are true, correct and complete.

Distribution: Hard Copy to Employer Hard Copy to Parents/Guardian