STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE Complies with STATE OF CALIFORNIA DEPARTMENT OF EDUCATION CDE Form B1-1 (Rev. 1/2017).

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                              |  |                                   |                              |                   |                         |                                      |  |
|--|--|-----------------------------------|------------------------------|-------------------|-------------------------|--------------------------------------|--|
| Last Name  | ame First Name                         |                                   |                              | MI Student ID     |                         | Soc. Sec. No.                        |  |
| Street Address   |  |                                   | City                         | City              |                         | Zip Code                             |  |
| Home Phone A   | ge Birth Date                          | Grade                             | e Counselor                  | Stu               | dent's Signature        |                                      |  |
| School Information   |  |                                   |                              |                   |                         |                                      |  |
| HANFORD HIGH SCHOO   | )L                                     |                                   |                              |                   | (55)                    | 9) 583-5902                          |  |
| School Name  |  |                                   |                              |                   |                         | hool Phone                           |  |
| 120 E. GRANGEVILLE BLVD.   |  |                                   | HANFORD                      | HANFORD           |                         | 93230                                |  |
| School Address   |  |                                   | City                         |                   | ,                       | Zip Code                             |  |
| 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 Expo  | ected Work Hours                       | per                               | •                            | week              | Hourly Wage \$          | 2.p 00 <b>00</b>                     |  |
| Describe nature of work to   |  |                                   | por                          |                   | Hourry Wage w           |                                      |  |
| hysical handicap, or medical  Employer's Name (Print Fin             |  |                                   | Employer's Signat            |                   |                         |                                      |  |
|  |  |                                   | Employer a Signat            | ure               |                         | Date                                 |  |
| To be filled in and signed I   |  | _                                 |                              |                   |                         |                                      |  |
| This minor is being employed<br>ny know <b>ledge</b> and belief, the | at the place of wor information herein | k described with is correct and i | 'h my full knowledg<br>true. | e and conser      | it. I hereby certify th | at to the best of                    |  |
| In addition to this employer,  | my child is also wor                   | king for:                         |                              |                   |                         |                                      |  |
| Parent's Name (Print First o   | Parent's Name (Print First and Last)   |                                   |                              | arent's Signature |                         | Date                                 |  |
| For authorized work perm   | uit issuer use ONL                     |                                   |                              |                   |                         |                                      |  |
| Maximum number of work l   |  | Y                                 |                              |                   |                         |                                      |  |
|  |  |                                   | Maximum num                  | ber of work       | hours when school is    | not in session:                      |  |
|  | hours when school i                    |                                   |                              |                   | hours when school is    | s not in session: Sun Total          |  |
| Mon Tues Wed Thur  | hours when school i<br>r Fri Sat       | is in session:                    |                              | Wed               |                         |                                      |  |
|  | hours when school i<br>r Fri Sat       | is in session:                    | Mon Tues                     | Wed Type:         | Thur Fri Sat            | Sun Total                            |  |
| Mon Tues Wed Thur  | hours when school i                    | is in session:                    | Mon Tues Check Permit        | Wed Type:         | Thur Fri Sat            | Sun Total rience, Voc. Ed., ttendant |  |

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/dlsc.html.