

EMPLOYMENT OF A YOUNG PERSON QUESTIONNAIRE

YOUNG PERSON JOB REFERENCES

List tools to be used:

Safety Equipment to be used:

Describe the training Activities: (If necessary attach the training program description separately)

Describe the daily work activities to be performed by the young person:

Pay Rate: _____

Employer's Business Hours: _____

SCHOOL REFERENCES

School Year Period (Reference to hours of work)

Hours of work the Young Person will be working:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____

Summer Vacation Period – School Break (Reference to hours of work)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____

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APPLICANT REFERENCES

Applicant: (Young Person to whom permit is issued)

Name: _____
(Please Print)

Date of Birth: _____ Signature: _____

PARENT / GUARDIAN REFERENCES

Parent / Guardian:

I hereby certify that I am the _____ of the applicant and that I support this application, And those particulars concerning birth and school standing are true and correct.

Name: _____ Signature: _____
(Please Print)

EMPLOYER REFERENCES

Employer:

I hereby certify that the particulars herein stated are true and correct.

I am also aware that authorization by the Labour Standards Officer for a Young Person to work with an Employer is issued only for work within the physical capacity of a young person and where there is no detriment the health, safety and well being of the Young Person.

Name: _____ Signature: _____
(Please Print)

SCHOOL REFERENCES

Principal:

I confirm that the hours of work during the school year as specified on this application will not interfere with school attendance and schoolwork of the applicant.

Name: _____ Signature: _____
(Please Print)