

Job Application

Ages 16 to 24

Job Seekers, Students, Parents, Legal Guardians: Welcome to the Northwest Workforce Council Summer 2009 Employment Program. The program provides individuals ages 16 - 24, with paid summer work opportunities, workplace exposure and work readiness skills. This is a training program which provides work experiences for young people who might not otherwise have this opportunity.

Please note that completing this application **does not** guarantee a work experience through the program.

APPLICATION INSTRUCTIONS

- Read instructions carefully before submitting the application -

Please print clearly, in ink. Answer each question carefully and do not leave any blank spaces. If you have questions about completing this application, speak to your school counselor or call your local WorkSource Center for assistance. WorkSource Center locations are on page 4. **Incomplete applications will not be accepted.**

Application must include copies of:

1. **Photo Identification** - Examples include driver's license, state ID card, school ID card, passport, alien registration card or permission to work in U.S.
2. **Social Security Card**
3. **Income Verification** - What was your family income for the past six months? Documentation to verify income is required. Examples include pay stubs, employer statement, Social Security income, food stamps or TANF award letters
4. **W-4** - (included) Complete and sign the W-4
5. **Emergency Medical Information** - (included) If you are under 18, your parent or legal guardian must sign
6. **Parent/School Authorization** - (included) If you are under 18, your parent or legal guardian must sign *Parental Authorization* section

Application forms are available online at
www.worksourcnorthwest.com or www.nwboard.org

Application Deadline—June 12, 2009

ARE YOU INCOME ELIGIBLE?

Your family income may not exceed the amounts listed below based on your family size.

Family Size	Income Last six (6) months
1	\$5,415
2	\$8,307
3	\$11,405
4	\$14,078
5	\$16,613
6	\$19,428

For each additional family member, add \$2,768

PERSONAL INFORMATION

Name: _____ Today's Date: _____
Address: _____ Home Phone: _____
City : _____ Cell Phone: _____
E-mail: _____ Zip Code: _____
Emergency Contact: _____ Contact's Phone: _____

Gender: Male Female Age: _____ Date of Birth: ____/____/____

Hispanic or Latino Yes No

Race: Native American/Alaska Native Asian Black/African American
 Native Hawaiian/Pacific Islander Caucasian

Are you legally permitted to work in the United States? Yes No

Highest grade completed: 8 or less 9 10 11 12 plus

Did you drop out of High School? Yes No

Are you currently attending school? Yes No

If you answered "Yes" please select the type of school from the following list:

High School Community College Vocational Technical School
 University Alternative High School Other School

Do you have a disability which might affect the type of work you do? Yes No

Check all that apply:

Limited English Proficiency Single Parent Homeless/Runaway
 Pregnant/Parenting Youth Foster Child Offender

Check any assistance you or your family received or qualified for in the past 6 months:

TANF (Temporary Assistance for Families) Food Stamps
 SSI (Supplemental Social Security Income) Free or Reduced Lunch

CONFIDENTIAL FAMILY INCOME

List below all family members living with you in the home. For those family members who have income, list their total gross wages received during the last six months. As used here, *family* means - two or more persons related by blood, marriage or decree of court, who are living in a single residence, and are either (1) husband, wife and dependent children, or (2) parent or guardian and dependent children, or (3) husband and wife. Include yourself below:

<u>Family Relationship</u>	<u>Age</u>	<u>Full Name</u>	<u>Income</u>	<u>Income Source(s)</u>
Yourself	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORK HISTORY

List your two most recent jobs (write "none" if you have never worked).

Employer: _____	Job Title: _____
Address: _____	Job Duties: _____
City: _____ Zip: _____ Phone: _____	Wage or Salary: _____
Employed from: _____ To: _____	Reason for Leaving: _____

Employer: _____	Job Title: _____
Address: _____	Job Duties: _____
City: _____ Zip: _____ Phone: _____	Wage or Salary: _____
Employed from: _____ To: _____	Reason for Leaving: _____

NEXT STEPS

APPLICATION MUST BE COMPLETED IN INK
INCLUDE COPIES OF ALL REQUIRED DOCUMENTS (see page 1)
YOUR SIGNATURE IS REQUIRED (page 4)
YOUR APPLICATION MUST BE RECEIVED AT A WORKSOURCE LOCATION LISTED
ON PAGE 4 NO LATER THAN JUNE 12, 2009
ELIGIBLE APPLICANTS WILL BE CONTACTED NO LATER THAN JUNE 19, 2009

APPLICANT CERTIFICATION

Applicant Certification: I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide additional documentation. In accordance with Workforce Investment Act regulations, the Northwest Workforce Council provides a variety of work experience and training activities for youth in Whatcom, Skagit, Island and San Juan Counties.

If applicable, I authorize:

- The appropriate School District to release educational information for program eligibility to the Northwest Workforce Council (grades, transcripts, at-risk status, progress, etc.).
- The Department of Social and Health Services to release TANF and Food Stamp status and amounts to the Northwest Workforce Council for program eligibility purposes.
- Information to be shared with the Northwest Workforce Council, Bellingham Technical College, Whatcom Community College, Skagit Valley College and Employment Security Department only for the purposes of providing employment and training related services.

Code of Conduct Statement: If selected, I understand and agree to adhere to the rules of the program and conduct myself responsibly and respectfully at all times. While at my worksite, I agree to: 1) report to work on time; 2) refrain from the use of profanity or foul language; 3) refrain from any aggressive or violent behavior, threats of violence, weapon possession or sexual harassment; 4) wear appropriate clothing; 5) refrain from the use, purchase or possession of any drugs or alcohol; 6) refrain from theft or possession of any stolen property; 7) refrain from any discriminatory behavior against another individual based on race/ethnicity, disability, religion or sexual preference.

Applicant Signature: _____

IF APPLICANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN SIGNATURE IS REQUIRED

Signature of Parent or Guardian: _____

WORKSOURCE CENTER LOCATIONS

WorkSource Whatcom
101 Prospect Street
(mailing address PO BOX 2009)
Bellingham, 98227
Attn: Rhonda 360.676.3239

WorkSource Skagit
2005 E College Way
Mount Vernon, 98273
Attn: Laurel 360.416.3517

WorkSource Whidbey
31975 SR 20, Suite 3
Oak Harbor, 98277
Attn: Greg 360.675.5966

Career Center
540 Guard St #210
Friday Harbor, 98250
Attn: Minnie 360.378.4662

*The Northwest Workforce Council is an equal opportunity employer and provider of employment and training services. Auxiliary aids and services are available upon request to persons of disability.
TTY 360-738-6278 - Whatcom / TTY 360-416-3546 - Skagit / TDD 1-800-833-6388 - Whidbey & San Juan*

Emergency Medical Information

Name: _____ Age: _____
Phone: _____ Cell Phone: _____
Doctor: _____ Dr. Phone: _____
Date of last tetanus immunization: _____

Do you have any allergies or chronic diseases? Please list them:

If there is a work related accident or injury and the above individual requires medical attention, the person should be taken to a doctor or hospital emergency room

This person is covered by Labor and Industries Industrial Insurance and the EMPLOYER should be listed as the Northwest Workforce Council. You must contact the Workforce Council within 24 hours of the injury.

IN CASE OF EMERGENCY PLEASE CONTACT

Name: _____ Relationship: _____
Phone: _____ Cell Phone: _____

Authorization for Emergency Medical Treatment of a Minor

The person who signs below gives consent and authorization for emergency medical treatment by any licensed physician for:

(Name)

Permission is given for the administration of necessary treatment when the parent(s) or guardian cannot be reached. This consent may include, but is not limited to:

- ◆ Use of necessary anesthetics
- ◆ Tests X-ray examinations
- ◆ Injection
- ◆ Medical treatment
- ◆ Transfusions
- ◆ Performance of any surgical procedures thought to be necessary

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required.

This consent is being given to provide authority to the attending physician, so that the physician's best judgment may be exercise in the event of an accident or emergency.

OR

signature of parent *date*

signature of legal guardian *date*

Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2009</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(Form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$	
	\$ 8,350 if head of household					
	\$ 5,700 if single or married filing separately					
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



PARENT/SCHOOL AUTHORIZATION

For parents or legal guardians and school officials to indicate approval for a minor employee to work according to the terms listed by the employer.

Email: teensafety@Lni.wa.gov OR web page: www.TeenWorkers.Lni.wa.gov

THIS IS NOT A MINOR WORK PERMIT

Employers must obtain a minor work permit endorsement on their Master Business License for each workplace with employees under age 18. Minor work permit endorsements must be renewed each year. Go to www.DoL.wa.gov/forms/700028.htm

PLEASE NOTE: This form is to be kept on file by the employer at the minor's workplace and be available for departmental audit. Additionally, the employer must renew this parent/school authorization by September 30 of each year.

(This section to be completed by the employer and minor employee.)			COMPLETE ALL SECTIONS IN FULL.		
Name of minor:			Name of minor's school: (If home schooled, please note)		
Minor's address:			School's address:		
City	State WA	ZIP	City	State	ZIP
Minor's Birth Date			Date	Signature of MINOR EMPLOYEE:	
(Must be accompanied by proof) Month Day Year					
Wage <i>per hour</i> to be paid: \$ 8.55	Number of <i>working days per week</i> : 5	Is minor employed at any other job? <input type="checkbox"/> Yes <input type="checkbox"/> No		If answered as "yes", list total hours worked <i>per week</i> at other job:	
Max. hours to be worked <i>per day</i> during school year: Monday - Thursday 4 Friday - Sunday 8			Max. hours to be worked <i>per week</i> during school year: Weekly max: 20		
Max. hours to be worked <i>per day</i> during non-school year: Monday - Sunday 8			Max. hours to be worked <i>per week</i> during non-school year: Weekly max: 40		
<i>Earliest</i> start time during school year Monday-Sunday am-pm: 8 am			<i>Latest</i> quit time during school year Sun- Thursday am-pm: 6 pm Friday - Saturday am-pm: 6 pm		
<i>Earliest</i> start time during non-school year Monday-Sunday am-pm: 6 am			<i>Latest</i> quit time during non-school year Monday -Sunday am-pm: 10 pm		

The minor will have the following job duties:

Duties are described in job descriptions for assigned site. Duties are within the physical and skill capabilities of the individual.

Name of firm Northwest Workforce Council			Telephone number 360-676-3210		
Location address of <i>minor's</i> workplace:					
City			State WA	ZIP	
UBI number for <i>this</i> business location:					
601141787		001		0001	
9-Digit UBI Number for business location		3-Digit business ID		4-Digit Location ID	
Expiration date of minor work permit endorsement:					
July 31, 09					
Date		Title Coordinator		Signature of EMPLOYER or REPRESENTATIVE	

PARENTAL AUTHORIZATION

(These sections to be completed by the minor's parent or legal guardian and school after employer completes top portion.)

I CONSENT TO ALLOW THE MINOR LISTED TO BE EMPLOYED AT THE OCCUPATION AND UNDER THE CONDITIONS STATED ABOVE					
Date		Telephone Number		Signature of PARENT or LEGAL GUARDIAN	
Address of parent or legal guardian					
City			State WA	ZIP	

Note: The school may limit the hours of work for a student according to how the student will be affected by working too many hours, e.g., homework, attendance, etc. and may reduce and approve fewer hours than the rules allow or requested by the employer or parent.

SCHOOL AUTHORIZATION (when school is in session)

THE STATED HOURS OF EMPLOYMENT MEET THE REQUIREMENTS OF SCHOOL ATTENDANCE REGULATIONS AND ARE HEREBY APPROVED.					
Date		Telephone Number		Signature of SCHOOL AUTHORITY	

General Information on Hours of Work Allowed For Minors

Hours and Schedules Minors are Permitted to Work in Non-agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
14- and 15-year-olds					
School weeks	3 hours (8 hours Sat. - Sun.)	16 hours	6 days	7 a.m.	7 p.m.
Non-school weeks	8 hours	40 hours	6 days	7 a.m.	7 p.m. (9 p.m. June 1 to Labor Day)
16- and 17-year-olds					
School Weeks	4 hours (8 hours Fri. - Sun.)	20 hours	6 days	7 a.m.	10 p.m. (Midnight Fri. - Sat.)
School weeks with a special variance from school	6 hours (8 hours Fri. - Sun.)	28 hours	6 days	7 a.m.	10 p.m. (Midnight Fri. - Sat.)
Non-school weeks	8 hours	48 hours	6 days	5 a.m.	Midnight
<ul style="list-style-type: none"> ▪ An adult must supervise minors working after 8 p.m. in service occupations, such as restaurants and retail businesses. ▪ Overtime rules apply for all hours worked over 40 in one week. ▪ These rules also apply to home-schooled teens. 					

Hours and Schedules Minors are Permitted to Work in Agricultural Jobs					
	Hours a Day	Hours a Week	Days a Week	Begin	Quit
12- and 13-year-olds					
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
Note: 12- and 13-year-olds are allowed to work only during non-school weeks hand-harvesting berries, bulbs, cucumbers and spinach.					
14- and 15-year-olds					
School weeks	3 hours 8 hours Non-school days	21 hours	6 days	7 a.m. (6 a.m. in animal agriculture and irrigation)	8 p.m.
Non-school weeks	8 hours	40 hours	6 days	5 a.m.	9 p.m.
* Exception: 14- and 15-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					
16- and 17-year-olds					
School weeks	4 hours 8 hours Non-school days	28 hours	6 days	5 a.m.	10 p.m. (No later than 9 p.m. on more than 2 consecutive nights before a school day.)
Non-school weeks	10 hours	50 hours (60 hours per week in mechanical harvest of peas, wheat and hay)	6 days	5 a.m.	10 p.m.
* Exception: 16- and 17-year-olds are allowed to work 7 days a week in dairy, livestock, hay harvest and irrigation during school and non-school weeks.					



PARENTS: To obtain a copy of the prohibited duties and other child labor provisions, you may contact L&I's central office through the various options listed on the front side of this form, or call your local L&I office listed in the government pages of the telephone book.

Optional Special Variance Authorization (Non-agricultural Employment Only) For Participating Schools*

A Special Variance allows a 16- or 17-year old minor to work up to 28 hours per week with 6-hour shifts during the school week **with approval of the authorized school official and the parent.** This authorization must be signed by the employer, the minor, the minor's authorized school official [pursuant to WAC 296-125-070(3)], and the minor's parent or legal guardian.

School officials should not sign the Special Variance if a review of the student's progress indicates the additional work hours will be detrimental to the minor's academic education. Please note that the employer must renew this form each year.

Date:	Title:	Signature of EMPLOYER or REPRESENTATIVE: ➔
Date:		Signature of MINOR EMPLOYEE: ➔
Date:	Title:	Signature of SCHOOL AUTHORITY: ➔
Date:		Signature of PARENT or LEGAL GUARDIAN: ➔

* Schools interested in using this 28-Hour Special Variance process must first enroll in the program by contacting the Department of Labor and Industries at the office listed on the front of this form.