



Arkansas Department of Labor and Licensing
 900 West Capital Suite 400, Little Rock, AR 72201
 Ph 501-682-4510 fax 501-682-4506 TDD (800) 285-1131
 Labor.arkansas.gov

ENTERTAINMENT APPLICATION FOR EMPLOYMENT OF A MINOR

Section 1. Statement of Parent (This statement must be completed by the parent or guardian, employer and minor if applicable)

I, the undersigned, hereby affirm that I am the _____ of _____,
(Parent, Guardian or Custodian) (Minors name)
 now residing at _____ Arkansas, _____ and that
(Street, City & County) (Zip Code)
 _____ was born in _____ on the _____
(he/she) (City) (County) (State) (Date)
 of _____, _____, and is now _____ years of age.
(Month) (Year)
 School last attended _____, _____, in _____.
(Name of School) (Location) (Year)
 Child will be employed by _____ as
(Give Name of Employer and Mailing Address)
 _____ and I ask that an employment certificate be issued to said child as provided by law.
(Occupation of Minor)

(Signature of Parent, Guardian or Custodian) (Date)

(Signature of Child)

(Address of Parent, Guardian or Custodian)

(Telephone/Contact number)

Section 2. Intention to Employ Statement (This statement must be completed by the Employer) Date: _____

I, the undersigned intend to employ: _____ in the capacity of,
(Name of Minor)
 _____ for the time period of, _____
(Specific Occupation) (Dates of Employment)
 at, _____ for _____ hours per day beginning _____ a.m. and
(Set Location where Minor will be present)
 ending _____ p.m. The child's rate of pay will be _____ per _____.
(Hour, Week, Month)
 Name of the employer representative designated to coordinate all matters relating to the child's welfare
 at the place of employment _____. Description of work minor is to perform,
 including any athletic activity, stunts, or special effects involved: _____

I, _____ intend to employ the above-named minor immediately upon
(Signature of Employer or Authorized Agent)
 receipt of an Entertainment Work Permit issued by the Arkansas Department of Labor and agree to comply
 with the provisions of Arkansas law and regulations and the federal Fair Labor Standards Act.

(Name of Business)

(Mailing address)

Section 3. Attachments (All the following MUST accompany the application)

1. Proof of Age,
2. Doctor Statement or School Statement (depending on minors age)
3. Proof of Workers Compensation