



# Illinois Department of Labor Employment Certificate

Date of Issue: \_\_\_\_\_

Passcode: \_\_\_\_\_

**VALID FOR ONE YEAR FROM DATE OF ISSUE AND FOR EMPLOYER TO WHOM ORIGINALLY ISSUED**

Check for Regular Minor Employment

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.

Check for Child Performer Employment

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 and 12.5 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 and 12.5 (Child Performer Trust Fund) to be submitted with the application and hereby approve this employment certificate.

This also certifies that a trust fund has been set for the child performer that meets the requirements of the Illinois Uniform Transfers to Minor Act.

The MINOR to whom this certificate is issued:

\_\_\_\_\_  
(First Name) (Middle Name) (Last Name) Sex Date of Birth

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zipcode) Telephone

\_\_\_\_\_  
Parent's/Legal Guardians name

The Employer who intends to employ said MINOR:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zipcode) Business Telephone

Occupation of Minor: \_\_\_\_\_

Copies of the employment certificate shall be provided to the employer, Illinois Department of Labor, the minor's parent or legal guardian and the issuing officer shall also retain a copy on file. 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.

\_\_\_\_\_  
Issuing Officer Address (street, city, state, zip)

\_\_\_\_\_  
School Name of Issuing Officer

\_\_\_\_\_  
(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. It also confirms participation by the parent or legal guardian in the application process.

The issuing officer confirms that one of the following was conducted:

Video Conference       Teleconference       In-person

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

\*If the print or save button doesn't work in your browser, you need to save by selecting the save disk at the top of the document or right click and save the document to your computer and open in Adobe Reader/Acrobat.