APPLICATION FOR LICENSE TO EMPLOY A LEARNER AT SUBMINIMUM WAGES

ILLINOIS DEPARTMENT OF LABOR
Fair Labor Standards Division - Licensing Section
160 North LaSalle, Suite C-1300
Chicago, IL 60601-3150
Tel # (312) 793-1817 - Fax #: (312) 814-1210

EMPLOYER INFORMATION – (all information must be provided or application will not be processed)

Name of Establishment:	
Address:	

City:		State:	Zip Code:
Telephone Number:		County:	

Type of Business:	
Products Manufactured, Sold or Services Rendered:	

If employing more than one learner, provide name, address and birth date of each learner to be employed at once and the date(s) additional learners will be employed and which employment must occur within sixty (60) days of the date of this application. Upon employment of each additional learner, pursuant to license by the Illinois Department of Labor, a copy of this application signed by the additional learner(s) and the employer must be forwarded to the Illinois Department of Labor. If additional space is needed for Learner Names, please attach additional sheet provided on the last page of this application.

LEARNER INFORMATION:

1st Learner Name:			
Address:			
City:		State:	Zip Code:
Date of Birth:	(Month/Day/Year)		
2nd Learner Name:			
Address:			
City:		State:	Zip Code:
Date of Birth:	(Month/Day/Year)		

Number of Learners to be employed for the occupation for which we have applied:
Learner occupational title name:

Proposed time for learning period:	Begin Date	End Date

Sub-minimum hourly rate to be paid to learner(s):	$

If learner receives meals or lodging, please list dollar amount:	Meals $		Lodging $
Is an age or employment certificate on file with the Department of Labor for each learner?	☐ Yes	☐ No	
Number of employees in establishment:			
Number of experienced workers to be displaced by learner(s):			
Number of experienced employees in learner occupation:			
Minimum hourly wage rate of experienced workers:	$		
Last payroll date experienced worker was employed:			
Are workers with this occupational experience available?	☐ Yes	☐ No	
How is training scheduled for the learner?			
Describe the work process in which the learner will be trained:			
List types of machines the learner will use:			
Number of weekly hours of training at sub-minimum wage:	#		
Are federal vocational education funds used for this program?	☐ Yes	☐ No	
Has this program been authorized by any state agency?	☐ Yes	☐ No	
If the answer is "Yes" to either of the two preceding questions, provide agency and program name:			
Learner occupational title:			
Number of employees in establishment:	#		

SIGNATURE OF EMPLOYED LEARNER (S)

I (We) have read the statements made above and ask that the requested license authorizing employment training at sub-minimum wages and under the conditions stated be granted by the Director or his authorized representative.

_____	_____	_____	_____
Signature of Learner	Date	Signature of Learner	Date

CERTIFICATION BY EMPLOYER OR AUTHORIZED REPRESENTATIVE

I have read the statements made above and ask that the requested license authorizing employment training at sub-minimum wages and under the conditions stated, be granted by the Director or his authorized representative.

_____	_____
Signature of Employer or Representative	Printed Name of Employer or Representative
_____	_____
Title of Employer or Representative	Date

LICENSE TO EMPLOY LEARNER AT SUBMINIMUM WAGES

License is hereby granted to employ learner at the wage specified and in accordance with the conditions stated in the foregoing application.

_____	_____
Director, Illinois Department of Labor	Date

For Office Use Only		
	File#:	Date Received:

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I (We) have read the statements made above and ask that the requested license authorizing employment training at sub-minimum wages and under the conditions stated be granted by the Director or his authorized representative.

LEARNER INFORMATION:					
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		
Learner Name:					
Address:					
City:		State:		Zip Code:	
Date of Birth:	(Month/Day/Year)				
Signature of Learner:			Date:		