

Name of

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

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:								
1 st Learner Name:	ame:							
Address:								
City:		State:		Zip Code:				
Date of Birth:	(Month/Day/Year)							
2 nd Learner Name:	ner 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 Da	Begin Date End Date		ate			
Sub-minimum hourly rate to be paid to learner(s): \$								

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

If learner receives meals or lodging, please list dollar amoun	t: Mea	Meals \$		Lodging \$			
Is an age or employment certificate on file with the Departm for each learner?	ent of Labor	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	n?	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.							
	ector or his authorize		entative				
wages and under the conditions stated be granted by the Direction Signature of Learner Dar CERTIFICATION BY EMPLOY	ector or his authorize e Signa ER OR AUTHOR	ed represonted ture of Le	entative arner EPRES	Date ENTATIVE			
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APPLICATION FOR LICENSE TO EMPLOY A LEARNER AT SUBMINIMUM WAGES

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