	SIU#:	150013345	Grade: 12th
STATE OF CALIFORNIA DEPARTME STATEMENT OF INTENT TO CDE Form B1-1 (Rev. 02-14)		ND REQUEST FOR A WORK	( PERMIT-CERTIFICATE OF AGE
form (CDE Form B1-1) shall be	completed in accordance w		PERMIT-CERTIFICATE OF AGE" 0162 and 49163 as notification of intent to the 49114.
(Print Information)			
Minor's Information		1- >	(42)
	)01 <del>C</del>	(559) 325 - 1234	12th
Minor's Name (Fir	AN GEORGE CLICATES	Home Phone	Grade
125 N. Spirit	- Lane	Clovis	93619
Home Add	ress	City	7 Zip Code
01/01/2004	123-45-67	189 17	Samony 11 Joll
Birth Date	Social Security Nun	aber Age	Student's signature
School Information			0
Clovis East High School	ol (559	)327-4000	
School Name		ool Phone	
2940 Leonard Ave.		Clovis	93619
School Address		the state of the s	ip Code
To be filled in and signed by	narent or legal guardian	MANAGEMENT STREET, STR	
Parent's Name (Print To be filled in and signed by	employer:		
To be filled in and signed by  WOOLF Pro  Business Name or Agence	conployer Cachice y of Placement	(559) 217 - 1234 Business Phone	John Tall Supervisor's Name
Business Add  Business Add	y of Placement	Business Phone Clovis City	Supervisor's Name 93612 Zip Code
Business Address Addre	employer  CATICE  by of Placement  CASICE  ress  ed Work Hours: 4	Business Phone CLOV i S City hours per day 20 hours	Supervisor's Name 9367 Zip Code
Business Name or Agence 1234 N. Surve Business Add	employer  CATICE  by of Placement  CASICE  ress  ed Work Hours: 4	Business Phone Clovis City	Supervisor's Name 9367 Zip Code
Business Name or Agence 1234 N. Surviv Business Add Employer's Maximum Expecte Describe nature of work to be purely to compliance with California ladiscriminate unlawfully on the b	or placement  or Sicke  ress ed Work Hours:  performed:  or Sicke  performed:  performed:  or Sicke  performed:  performed:  or Sicke  performed:  or Sicke  performed:  performed:  or Sicke  perform	Business Phone CLOVIS City hours per day 20 hours PSSISTANT Covered by workers' compensationand, religion, sex, sexual oriental	Supervisor's Name 93612 Zip Code per week  on insurance. This business does not altion, color, national origin, ancestry, as the information herein is correct and true  01/246/2022
Business Name or Agency 1234 N. Surve Business Addi Employer's Maximum Expecte Describe nature of work to be purely to the body sical handicap, or medical compliance of the compliance of the body sical handicap, or medical compliance of the complex	employer  CATICE  y of Placement  CASICE  ress  ed Work Hours:  performed:  Deffice  abor laws, this employee is a casis of race, ethnic backgroundition. I hereby certify the  First and Last)	Business Phone CLOVIS City hours per day 20 hours PSSISTANT Covered by workers' compensational, religion, sex, sexual oriental at, to the best of my knowledge, to	Supervisor's Name 93612 Zip Code per week  on insurance. This business does not altion, color, national origin, ancestry, as the information herein is correct and true  01/246/2022
Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Add  Employer's Maximum Expecte  Describe nature of work to be purely to compliance with California lad  discriminate unlawfully on the biophysical handicap, or medical constants.	employer  CATICA  y of Placement  CASICA  ress  ed Work Hours:  performed:  Deffice  abor laws, this employee is a class of race, ethnic backgroundition. I hereby certify the  First and Last)  issuer use ONLY	Business Phone CLOVIS City hours per day 20 hours PSSISTONE Covered by workers' compensation and, religion, sex, sexual oriental and, to the best of my knowledge, to Employer's Signature	Supervisor's Name 93612 Zip Code per week  on insurance. This business does not altion, color, national origin, ancestry, as the information herein is correct and true  01/246/2022
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Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Addr  Employer's Maximum Expecte  In compliance with California laddiscriminate unlawfully on the behavioral handicap, or medical compliance with California laddiscriminate unlawfully on the behavioral handicap, or medical compliance with California laddiscriminate unlawfully on the behavioral handicap, or medical complexity of the	employer  CATICA  y of Placement  CHSICA  ress  ed Work Hours:  performed:  pe	Business Phone CLOVIS City hours per day 2.0 hours PSSISCOPT  Covered by workers' compensation and, religion, sex, sexual oriental and, to the best of my knowledge, the Employer's Signature  Maximum number of wo  Total Mon Tues Wed	Supervisor's Name  93612 Zip Code  per week  on insurance. This business does not altion, color, national origin, ancestry, against information herein is correct and true  Ol/216/2022  Date  ork hours when school is not in session:  Thur Fri Sat Sun Total
Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Addi  Employer's Maximum Expecte  In compliance with California ladiscriminate unlawfully on the biohysical handicap, or medical compliance with California ladiscriminate unlawfully on the biohysical handicap, or medical compliance with California ladiscriminate unlawfully on the biohysical handicap, or medical complete the complete of th	performed: OFFICE.  abor laws, this employee is a condition. I hereby certify the rissuer use ONLY  issuer use ONLY  ars when school is in session.	Business Phone CLOVIS City hours per day 20 hours Covered by workers' compensation and, religion, sex, sexual oriental and, to the best of my knowledge, to Employer's Signature  Maximum number of wo Total Mon Tues Wed Check Permit Type:	Supervisor's Name  93612 Zip Code  per week  on insurance. This business does not alton, color, national origin, ancestry, again the information herein is correct and true  Ol/216/2022  Date  ork hours when school is not in session:  Thur Fri Sat Sun Total
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Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Addi  Employer's Maximum Expecte  In compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical complexity is Name (Print of Maximum number of work house)  For authorized work permit is Maximum number of work house.	performed: OFFICE.  abor laws, this employee is a condition. I hereby certify the rissuer use ONLY  issuer use ONLY  ars when school is in session.	Business Phone CLOVIS City hours per day 20 hours Covered by workers' compensation and, religion, sex, sexual oriental and, to the best of my knowledge, to Employer's Signature  Maximum number of wo Total Mon Tues Wed Check Permit Type:	Supervisor's Name  9361 Zip Code  per week  on insurance. This business does not attention, color, national origin, ancestry, at the information herein is correct and true  Of /216/2022  Date  Thur Fri Sat Sun Tot  Work Experience Education, Vocational Education, or Personal
Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Addi  Employer's Maximum Expecte  In compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical compliance with California ladiscriminate unlawfully on the bi-  hysical handicap, or medical complexity is Name (Print of Maximum number of work house)  For authorized work permit is Maximum number of work house.	employer  CATCE  y of Placement  CASICLE  ress  ed Work Hours: 4  performed: OFFICE  abor laws, this employee is a casis of race, ethnic backgroundition. I hereby certify the  First and Last)  issuer use ONLY  ars when school is in session  Fri Sat Sun Terrore	Business Phone Clovis City hours per day 20 hours  Covered by workers' compensation and, religion, sex, sexual oriental and, to the best of my knowledge, to Employer's Signature  Check Permit Type:    Full-time   Restricted	Supervisor's Name  93612 Zip Code  per week  on insurance. This business does not allow, color, national origin, ancestry, at the information herein is correct and true  of /216/2022  Date  Thur Fri Sat Sun Tot  Work Experience  Education, Vocational  Education, or Personal  Attendant
Business Name or Agency  Business Name or Agency  1234 N. Surve  Business Add  Employer's Maximum Expecte  In compliance with California lad  Inscriminate unlawfully on the bi-  shysical handicap, or medical compliance with California lad  Employer's Name (Print)  For authorized work permit is  Maximum number of work house  Mon Tues Wed Thur  Proof of Minor's Age (Evidence)	employer  CATCE  y of Placement  CASICLE  ress  ed Work Hours: 4  performed: OFFICE  abor laws, this employee is a casis of race, ethnic backgroundition. I hereby certify the  First and Last)  issuer use ONLY  ars when school is in session  Fri Sat Sun Terrore	Business Phone CACVIS  City hours per day Covered by workers' compensational to the best of my knowledge, the Employer's Signature  Maximum number of wo  Total Mon Tues Wed  Check Permit Type:  Full-time	Supervisor's Name  93612 Zip Code  per week  on insurance. This business does not atton, color, national origin, ancestry, atthe information herein is correct and true  of /216/2022  Date  Thur Fri Sat Sun Tot  Work Experience Education, Vocational Education, or Personal

For more information about child labor laws, contact the U.S. Department of Labor at <a href="http://www.dol.gov/">http://www.dol.gov/</a>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <a href="http://www.dir.ca.gov/DLSE/dlse.html">http://www.dir.ca.gov/DLSE/dlse.html</a>.