

## Application To Pay Less Than Minimum Wage To A Disabled Person

DATE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

EMPLOYEE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DISABILITY \_\_\_\_\_

SPECIFIC OCCUPATION TO BE PERFORMED \_\_\_\_\_

RATE OF PAY:

Hourly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

HOURS OF EMPLOYMENT (answer all):

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Days per week \_\_\_\_\_

PREVIOUS WORK HISTORY (please include earnings) \_\_\_\_\_

IF THIS IS A MINOR, IS EMPLOYMENT CERTIFICATE ON FILE?

Yes

No

Date of issue \_\_\_\_\_

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Signature of Employee

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**FOR USE OF THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ONLY**

DATE \_\_\_\_\_

RECOMMENDATIONS \_\_\_\_\_

DISPOSITION \_\_\_\_\_