

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

FOR USE OF THE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT ONLY

DATE _____

RECOMMENDATIONS _____

DISPOSITION _____