

## **Employer Intent to Employ Form: Instructions**

All forms related to the employment certificate process can be obtained at our website at <http://www.doli.virginia.gov/> through the link on the left sidebar titled “Request a Permit”.

**THIS FORM MUST BE COMPLETED BY THE EMPLOYER AS THEY ARE LIABLE FOR STATEMENTS MADE ON THIS FORM**

All fields should be completed, if the field is not applicable to your business, please write “N/A” in the field.

The Permission to Employ form, which ***must*** be completed by the parent/guardian/custodian, must be submitted at the same time as this form. An employment certificate will not be issued until we receive both ***original*** forms. ***Faxed or e-mailed copies will not be accepted.***

If you have questions relating to the employment certificate process, please contact our office at:  
Virginia Department of Labor and Industry  
Central Virginia Regional Office  
1570 East Parham Road  
Richmond, Virginia 23228  
(804) 371-3104 ext. 131

# EMPLOYER INTENT TO EMPLOY

(In accordance with Sections §40.1-84 & §40.1-93, Code of Virginia)

*Please Print Clearly*

Co./Corporate Name \_\_\_\_\_ Trading As Name: (If different) \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex: F M (Circle One)  
First Last MI

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Document Used As Proof of Age\* \_\_\_\_\_  
Day Month Year

Type of Business \_\_\_\_\_

Job Description \_\_\_\_\_  
*(Include specific duties)*

Lifeguard – Age 15 years old Y/N: \_\_\_\_\_ Lifeguard Certificate: Y/N  
*(Attach copies of the certificate)*

Permissible Hours of work as legally allowed under §40.1-81.1.

*Company Mailing Address:*

*Site Address: (Location where child will work, if different)*

Street \_\_\_\_\_ Suite # \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Hiring Agent First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Number of employees at this location Adult \_\_\_\_\_

Age 16 - 17 \_\_\_\_\_ Age 14 - 15 \_\_\_\_\_

\* § 40.1.94. Proof of Age

*The employer shall procure and keep on file, accessible to the Department or authorized persons charged with the enforcement of this chapter, the proof of age as provided in § 40.1.94.*

*(1) A birth certificate or attested transcript issued by a registrar of vital statistics or other officer charged with the duty of recording births*

*(2) A baptismal record or duly certified transcript thereof showing the date of birth and place of baptism of the child*

*(3) Government issued ID (Passport, DMV)*

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF LABOR AND INDUSTRY  
1570 EAST PARHAM ROAD  
RICHMOND, VIRGINIA 23228

THIS IS NOT AN EMPLOYMENT CERTIFICATE