

## **EMPLOYMENT OF A YOUNG PERSON QUESTIONNAIRE**

#### EMPLOYER'S INFORMATION:

Name and Type of Busines	ŝS		
Address			
Telephone #	Fax #		
Length of time work required: Start Date:		End Date:	
Contact Person: Name and Title (please print)			

# YOUNG PERSON JOB REFERENCES

Summary of Position Job Description: (If necessary attach actual copy of job description)

Expected Hours of Work:

From:	To:	Total hours in a day	_ Total hours in a week
-------	-----	----------------------	-------------------------

Work Week: List days of work (Example: Monday to Friday)

Duties:

Supervised By:

Position Title:

Name (Print)

### Labour Standards Compliance Office

Phone: (867) 975-6322 LabourServices@gov.nu.ca Fax: (867) 975-6367 http://nu-lsco.ca P.O. Box 1000, Stn. 590 Iqaluit, Nunavut X0A 0H0 Toll Free: 1 877 806 8402 (Nunavut only) C.P. Box 1000, Succursale 590 Iqaluit, Nunavut X0A 0H0



ԼԵՐԵԱՆ Department of Justice Maligaliqiyikkut Ministère de la Justice

## **EMPLOYMENT OF A YOUNG PERSON QUESTIONNAIRE**

YOUNG PERSON JOB REFERENCES

List tools to be used:

Safety Equipment to be used:

Describe the training Activities: (If necessary attach the training program description separately)

Describe the daily work activities to be performed by the young person:

Pay Rate: \_\_\_\_\_

Fax:

Employer's Business Hours: \_\_\_\_\_

#### SCHOOL REFERENCES

School Year	Period (Reference	e to hours of wo	rk)		
Hours of wo	rk the Young Perso	on will be workin	ıg:		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Summer Va	cation Period – Scl	hool Break (Refe	erence to hours	s of work)	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				· · · · · · · · · · · · · · · · · · ·	
Labour Standards Co Phone: (867) 975-6322 LabourServices@gov.nu Fax: (867) 975-6367	-	lqalu Toll I	Box 1000, Stn. 5 it, Nunavut XOA Free: 1 877 806 8 avut only)	0H0	C.P. Box 1000, Succursale 590 Iqaluit, Nunavut X0A 0H0



LCUCAbd<sup>c</sup> Department of Justice Maligaliqiyikkut Ministère de la Justice

## EMPLOYMENT OF A YOUNG PERSON QUESTIONNAIRE

### APPLICANT REFERENCES

Applicant: (Young Person to whom permit is issued)

Name:

(Please Print)

Date of Birth:

Signature:

#### PARENT / GUARDIAN REFERENCES

Parent / Guardian:

I hereby certify that I am the \_\_\_\_\_\_ of the applicant and that I support this application, And those particulars concerning birth and school standing are true and correct.

Name:		Signature:
	(Please Print)	

(Please Print)

### EMPLOYER REFERENCES

Employer:

I hereby certify that the particulars herein stated are true and correct.

I am also aware that authorization by the Labour Standards Officer for a Young Person to work with an Employer is issued only for work within the physical capacity of a young person and where there is no detriment the health, safety and wellbeing of the Young Person.

Name:		_ Signature: _	
	(Please Print)	-	
			_

### SCHOOL REFERENCES

Principal:

I confirm that the hours of work during the school year as specified on this application will not interfere with school attendance and schoolwork of the applicant.

Name:

\_\_\_\_

Labour Standards Compliance Office

(Please Print)

Phone: (867) 975-6322 LabourServices@gov.nu.ca Fax: (867) 975-6367 http://nu-lsco.ca P.O. Box 1000, Stn. 590 Iqaluit, Nunavut X0A 0H0 Toll Free: 1 877 806 8402 (Nunavut only)

Signature:

C.P. Box 1000, Succursale 590 Iqaluit, Nunavut X0A 0H0