Employment Standards Act  
Part 2, Section 9  

Application of Employer for Child’s Permit of Employment

1. I/We, ________________________________________________
   (Print Legal Name of Employer)
   of ___________________________________________________
   Postal Code __________
   (Mailing Address)
   ____________________________ (Street Address, if Different)
   Telephone _______________    Contact Person _______________________

   being an employer within the meaning of the Employment Standards Act, hereby make
   application to employ ____________________________________________
   (Name of Child)
   of ___________________________________________________
   Postal Code __________
   (Mailing Address)

   being a child within the meaning of the said Act.  (NOTE - A child means a person under the age of twelve years.)

2. The nature of the business or industry is ____________________________________________________________

3. The following is a description of the type of work and the hours of work which the child would be
   called upon to perform while employed by me/us:
   (a) Type of Work __________________________________________
   (b) Rate of Pay __________________________________________
   (c) Hours of Work:  
       Sundays ☐   Mondays ☐   Tuesdays ☐
       Wednesdays ☐  Thursdays ☐  Fridays ☐  Saturdays ☐
       (State Definite Shifts)

4. The work to be performed shall not be of a dangerous nature or detrimental to the welfare of the child.
   Date: ________________    Signed: ____________________________
   (Employer)

After completing the above information, employers should arrange for the sections on the reverse to be completed by the child’s parent and the school authority. When complete, send the form and a copy of the child’s birth certificate by email to ESBDataIntegrity@gov.bc.ca.
Declaration of Parent or Guardian

I, ______________________________ do hereby declare that

(Print Name of Parent or Guardian)

I am the ______________________ of ______________________

(Parent/Guardian) (Name of Child)

born on the ______ day of ______________________ , 20 ______ .

Attached is a copy of the child’s birth certificate.

I hereby consent to the employment of the child under the conditions set out on the employer’s application on the reverse of this form.

Date: ________________  Signed: ______________________

(Parent or Guardian)

Telephone: Bus.: _____________  Mailing Address: ______________________

H: ______________________  ______________________

Postal Code: ______________________

________________________________________________________________________

Endorsement by School Authority

(To be completed only if the child will work during the school year.)

Name of School: ______________________

Address: ______________________  Telephone: _____________

I □ do □ do not recommend that the employment application be approved.

Comments: ______________________

Date: ________________  Signature: ______________________

Name: ______________________

(Please Print)

Position: ______________________

________________________________________________________________________