STATE OF MARYLAND
1100 N EUTAW STREET - BALTIMORE - MARYLAND – 21201
DIVISION OF LABOR & INDUSTRY
DEPARTMENT OF LABOR, LICENSING & REGULATION

APPLICATION FOR
WORK PERMIT FOR A MINOR

Directions For The Minor
1. Complete your section of this application. Type or print and make sure it is legible. Use your correct legal name.
2. Have your Employer complete the Employer section.
3. Have your parent or guardian sign this application.
4. Use this data to complete the on-line application at: www.dllr.state.md.us/labor/empm.shtml

For Proof of Age - You may use:
- Birth Certificate
- School Records
- Valid Maryland Driver’s License
- Any official Government document

5. Take this Application, the online Application Receipt and your Proof of Age to any Issuing Officer and request Maryland Minor Work Permit.
6. Deliver the official Work Permit to your employer.

* A new permit must be obtained for each job *

Directions for the Employer
1. Complete your section of this application and return it to the minor for validation.
2. Do not allow minor to work until the official work permit is in your possession.
3. Work permits are not transferable and are required until the minor’s 18th birthday.

Company Name: Mount St. Mary’s University

Street Address: 16300 Old Emmitsburg Road

City: Emmitsburg

County: Frederick

State: Maryland

Zip Code: 21727

Telephone: (301) 447-5372

Telephone Extension: x5612

Employer Rep Name: Brenda McKeel

Employer Rep Signature: 

Work Duties: Student Worker


Directions for the Parent or Guardian

Please sign and date the knowledge and consent statement.

This minor is being employed at the place of work described above with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request that a work permit be issued for the above named minor.

Signature of Parent or Guardian _______________________________ Date __________

Directions for the Issuing Officer

1. Verify the minor has signed and dated the correct and true statement below.

I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Signature of Minor _______________________________ Date __________

2. Do not accept an incomplete application.
3. The Division of Labor and Industry requires you retain this application in your file for 3 years from date of issue.

Control Number

Date of Issue