

APPLICATION FOR EMPLOYMENT AT LESS THAN MINIMUM WAGE

Minnesota Statutes Chapter 177

All dates must be entered in mm/dd/	уууу					
Firm name			Date			
Firm address			City		State	ZIP code
Industry		Total employees		Number of performance limited employees		
Applicant's name		Address	City	State ZIP code		
Date of birth	Age	Date to start work		Proposed wage ra	ate	
Meals furnished without charge: ☐ Yes ☐ No			Room furnished without charge:			
HOURS OF WORK			Occupation			
Per day: Per week:						
For what period of time is		Number of emple	oyees of ordinary		Rates of pay	
subminimal-wage requested?			ility performing the same duties:			
Is the applicant under state vocational rehabilitation program?			Name of counselor		Phone number of counselor	
Is the applicant a ward of the state welfare department? ☐ Yes ☐ No			Name of case worker		Phone number of case worker	
certify that to the best of my kno	owledge and be	lief, all of the above sta	tements are true and	d accurate.		
Signature of employer			The applicant is aware that the proposed wage is less than the			
Title of employer			legal minimum-wage rate because he/she has a job performance limitation.			
Phone number of employer			Signature of applicant			

(This form must be accompanied by form LI-80015-01)