

## SUPPLEMENT TO APPLICATION FOR EMPLOYMENT AT LESS THAN MINIMUM WAGE

(This form is strictly confidential and is not to be shown to the employee)

All dates must be entered in mm/dd/yyyy				
Firm name		Date		
Firm address		City	State	ZIP code
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Describe limitation in detail:				
How does the limitation affect performar	nce?			
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How does the limitation affect the application	ant's earning capacity?	?		
I certify that to the best of my knowledge	and belief, all of the ab	oove statements are true ar	nd accurate.	
Signature of employer		Title of employer		
		, ,		
Subscribed and sworn to before me				
this day of	, 20			
Notary public				
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(This form must be accompanied by form LI-80014-01)