

Dear Volunteers,

The Valdez Fire Department mission statement reads, “The Valdez Fire Department exists for the purpose of providing fire protection and emergency medical services within prescribed professional standards, to develop a sense of security within the community that timely emergency assistance will be dispatched when needed and to provide these services in a spirit of cooperation between the public and the Department through the utilization of volunteers. Services will be provided proactively with programs of fire inspection and public fire education.”

After reading that mouthful, I’m sure you’re thinking that you don’t want to finish the rest of this document, PLEASE take the time to get to know and understand your fire department.

The fire departments career personnel organization is set up in the following manner:

Fire Chief
George Keeney

A Shift
Captain
Darrell Banner

B Shift
Captain
Gary Shoop

C Shift
Captain
Mike Weber

Lieutenant
Josh Larsen

Lieutenant
Mike Waide

Lieutenant
Shawn Brown

Engineer
Mike Bowden

Engineer
Kyle Kirkendall

Engineer
Donald Borton

The department has approximately 40 volunteers in all aspects of service.

Operation of the Department

The department is set up on a 24-hour shift system, the shift comes to work at 7:45 a.m. and works until 8:15 a.m. the next morning; they work, eat and sleep in the station during the 24 ½ hours. They take lunch from 12:00 p.m. to 1:00 p.m., dinner from 5:00 p.m. to 7:00 p.m. and sleep from 11:00 p.m. to 7:00 a.m. The rest of the time is for work and training. The personnel are not paid for sleep time while at the station unless they are called out on a run.

Volunteers make up most of the department. They respond to calls, help with training, cover the station if the on duty crew is out of the station and much more.

Level of Service

The department provides ALS and BLS services. Any member can be certified as ETT, EMTI, EMT2 and EMT3. We also provide Fire Suppression. Members can be trained to the Firefighter 1 and 2 levels. Certification can be acquired through the department. Training hours for each discipline varies. Some of the levels require over 180 hrs of training for certification.

We are required to maintain the level of Hazardous Materials Technician to respond to hazardous material spills. The department provides CPR classes in house and for the public.

Other duties in the department are; public education, fire prevention, search and rescue, surface water rescue, fire inspections, prefire surveys, daily training for career and volunteer, station checks, equipment maintenance checks and other duties as assigned. Annually the department is responsible for testing fire hose, fire hydrants and fire apparatus; these tests are required by the Insurance Service Office (ISO).

Fire Stations

Station 1 is the main station and is the only station that is manned; it is located at City Hall. This station has five bays, a dayroom, sleeping quarters and offices. It has two advanced life support ambulances(EMS1 &3), one rescue truck(Truck 1), one 1750 gpm pumper with 750 gallons of water and 250 gallons of foam (Engine 14), a 1000 gpm pumper with a 3500 gallon water tank and 300 gallons of foam and a utility truck (Engine 2).

Station 3 is located on River Dr. in Robe River Subdivision, it has three bays and houses one 1750 gpm pumper with 750 gallons of water and 250 gallons of foam(Engine 12), and a 500 gpm tanker which holds 4000 gallons of water(Tanker-3). This station is manned by volunteers and off duty personnel.

Station 4 is located in Alpine Woods on the Richardson Highway. This station also has three bays and houses one 750 gpm pumper with a 1500 gallon water tank(Engine 1), a 1000 gpm pumper with 3800 gallons of water(Engine 4), a 500 gpm tanker with a 4000 gallon tank(Tanker 4). Engine 1 also carries medical equipment for quick response in the Alpine Woods area. This station is manned by volunteers and off duty personnel.

Personnel

Each person that works for the department has been given projects that they are individually responsible for; this is in addition to the duties mentioned earlier. All personnel are required to carry a pager with them on and off duty and they do respond to calls off duty. **We encourage the volunteers to respond to as many calls as they can,** this allows you to keep up on your skills and provides the necessary personnel on a call.

Please fill out the application and additional paperwork in this packet and return in to the Fire Station.

VALDEZ FIRE DEPARTMENT

VOLUNTEER APPLICATION

Date: _____

Name: _____
(Last) (First) (M.I.)

Address _____

Volunteering For: EMS Fire Hazmat Rescue Support

Are you at least 18 yrs old? Yes No

Phone: (Work) _____ Ext _____ Phone: (Home) _____

Phone: (Cell) _____

Address _____

E-Mail Address: _____ 2nd E-Mail Address: _____

Drivers License Number: _____ State: _____

Place of Birth: _____ SSN: _____

Do you have any physical or health limitations that could interfere with your performance on the job for which you are applying? Yes No (NOTE: Employment is contingent on applicant meeting minimum physical/mental demands of the position)

If you answered yes, please explain: _____

Emergency Contact: _____
(Name) (Number)

Height: _____ Weight: _____

Sizes: Coat _____ Pants _____ Boots _____ Shirt _____ Gloves _____

Education	High School	Vocation School	College/University	Advanced Education
School Name				
City/State				
Yr. Graduated				
Degree/Area				

Military Experience	Branch	Highest Rank	ETS	Type of discharge
<input type="checkbox"/> None				



Membership Requirements

PURPOSE

The purpose of this policy is to establish membership requirements for Fire Department personnel.

SECTION 1 – MEMBERSHIP LEVELS

1.1 Valdez Fire Department recognizes the following membership levels.

- a. Probationary Volunteer Member.
- b. Active Volunteer Member.
- c. Inactive Volunteer Member.

SECTION 2 – ENTRY REQUIREMENTS

2.1 To become a member of the Valdez Fire Department.

- a. Submit a **fully completed** Volunteer Application Packet.
- b. Successfully complete the department's "**Level One**" book within 6 months.
- c. Special Operations Teams. (See SOP for the appropriate team)

Upon appointment to the department, members will be placed in a probationary status for a period of 12 months. During that 12-month period, each Probationary Member must:

1. Attend 1 training per month.
Note: Business meeting **does not** count as a training night.

At the end of 12 months an interview with the chief will be conducted and at this time the member will be removed from probation.

2.2 Career staff will be hired to City of Valdez standards.

SECTION 3 – MEMBERSHIP BENEFITS

3.1 Probationary Volunteer Members

- a. Uniform T-Shirt
- b. ASFA \$10,000.00 Death Benefit
- c. \$25.00 Stipend for each call response and non-academy training event.
- d. Personal Protective Equipment

3.2 Active Volunteer Members

- a. Uniform package with badge
- b. Department Jacket
- c. ASFA \$10,000.00 Death Benefit
- d. \$25.00 Stipend for each call response and non-academy training event.
- e. Personal Protective Equipment
- f. Volunteer Incentive Rewards
 1. *50 calls per year - Service Award Club*
 2. *250 hours per year - Training Award Club*

SECTION 4 – ACTIVE VOLUNTEER MEMBERSHIP REQUIREMENTS

4.1 For a member to be considered active:

- a. EMS certified members must attend 24hr of creditable training per year.
- b. The Fire Fighter must attend 24hrs of training annually.
- c. Special Operation Teams see SOP for minimum requirements.
- d. Must attend minimum of 6 calls (each call equals 1.5 hrs) per quarter or 8 hrs of shift coverage per quarter, or a combination of both equaling 8 hrs . Standby coverage at SnoX events, Mayor's Cup, Hill Climb, High School basketball and High School Football can be used for shift coverage.
- e. Attend 1 full scale exercise per year.
- f. Other scheduled department training or unscheduled shift training can be used to make up training.
- g. Must display proficiency on Job Performance Requirement's. (JPR)

4.2 Outside department training must be pre authorized by the Fire Chief or Training Officer. Below is the total hrs that can be authorized.

- a. 8 hrs for EMT
- b. 8 hrs for Fire Fighter.

SECTION 5 – FAILURE TO MEET REQUIREMENTS

5.1 Members failing to meet the requirements of this policy may be placed on probation for three (3) months. Members placed on probation must meet the following requirements to regain “Active” status.

- a. Must attend 1 training a month for each of their certified level for the next three (3) months.

Note: Business meeting **does not** count as a training night.

- b. Must attend minimum of 2 calls per month or 4 hrs a shift per month for three (3) months.

5.2 Any member who fails to maintain minimum membership requirements will be placed into inactive status until either the member regains active status or is removed from the department. At this time, all issued equipment will be returned to the department.

5.3 At any time a member can be removed by the Chief from department for any of the following reasons:

1. Failure to meet active volunteer status
2. Conduct unbecoming: Behavior not in accordance with the standards implied by one's character or position as a public servant.

5.4 At any time the Firefighter and/or EMT feels that they are unable to fulfill the responsibilities of active status and choose to place themselves on temporary inactive status, it is the responsibility of the volunteer to make arrangements with the Fire Chief. Temporary inactive status is defined as non-participation for no longer than 6 months.

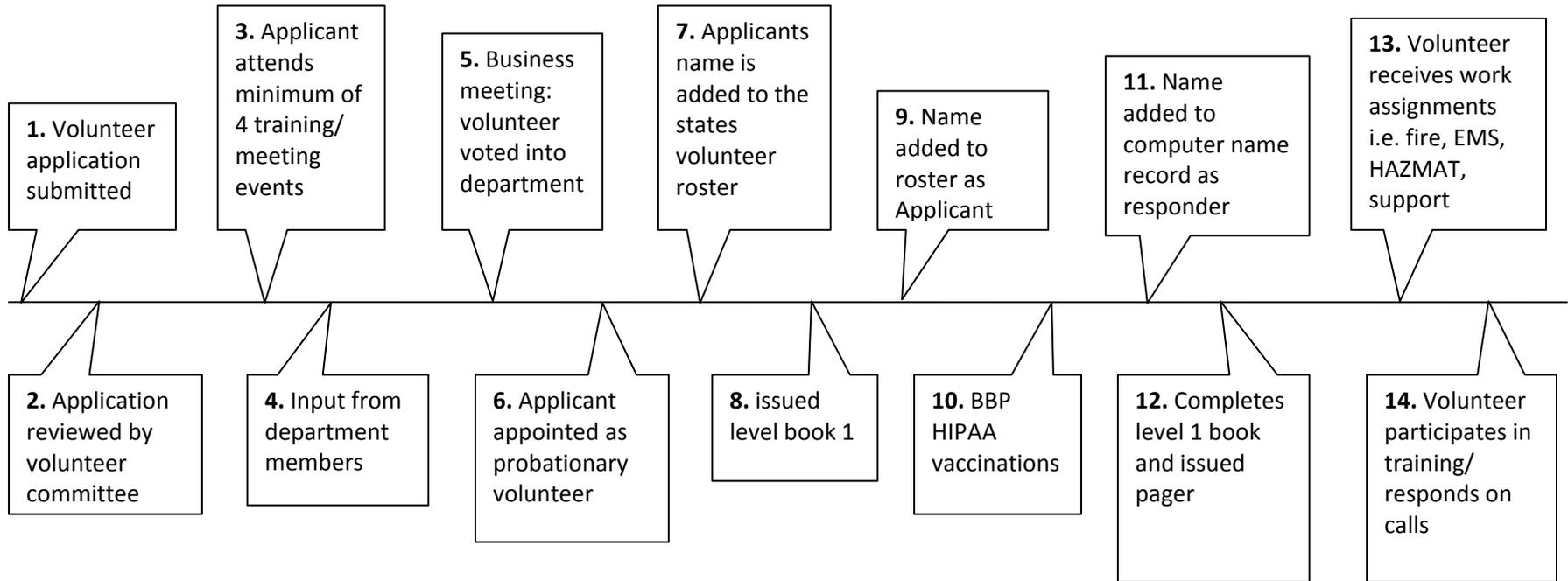
5.5 Reactivation requirements include skills demonstration in each assigned discipline.

Policy effective as of November 4, 2010

Volunteer Application Process

1. Submit a completed Volunteer application packet.
 - a. All forms will be completely filled out and signed. Incomplete packets will not be processed until all paperwork is turned in.
2. Volunteer committee will meet with applicant.
 - a. An Interview will be scheduled to meet with the applicant by the committee. Goals and expectations will be discussed.
3. Successfully complete the level 1 book.
 - a. A Level 1 book will be issued and instructions given. No one is allowed to respond until the level 1 book is signed off by the Training Officer.
4. Applicant appointed as a probationary member.
 - a. If accepted the applicant will become a probationary member and will be accountable to the "Membership Requirements" of the department.
5. Applicant's name added to State's Volunteer roster.
6. Applicant's name added to VFD roster.
7. Pager & equipment issued.
8. At the end of the 12 month probation an interview with the chief will be conducted and at this time the member will be removed from probation.

Volunteer Application Process 2011/2012



**CITY OF VALDEZ, ALASKA
VALDEZ FIRE DEPARTMENT**

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

Applicant name (print) _____

Applicant SS# _____ D.O.B. _____

Drivers License # _____

I authorize the Valdez Police and Fire Department, its employees, and its agents to make a full and complete inquire of any and all individuals or entities regarding my background, whether of a public, private, or confidential nature, including obtaining copies of any and all records and/or documents which the Valdez Police and Fire Department deems necessary for a full and complete background investigation. I understand that the intent of this release of information is to allow the Valdez Police and Fire Department to pursue a complete investigation into my background in order to process my application for the position of Volunteer with the Valdez Fire Department

I authorize and direct you to release such information and I release any individual from any and all liability or damage or any nature, which may be a result of compliance, or any attempt to comply with this authorization.

I also understand that if the Valdez Police and Fire Department obtains information during this investigation or during other steps in the application process regarding my own or others criminal conduct, this information will be provided to the applicable law enforcement agency for criminal investigation.

APPLICANT SIGNATURE

DATE

The above named individual appeared before me this date and having identified himself/herself, signed the above Waiver and Authorization to Release Information in my presence.

Done at _____, _____ on the _____ day of _____, 20_____
City State

SWORN AND SUBCRIPBED BEFORE ME

Notary
My Commission Expires _____

NOTE: A PHOTOCOPY REPRODUCTION OF THIS FORM SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

RETURN WITH APPLICATION



TO: Child Support Enforcement Division

FAX: (907) 787-3197 / (907) 787-3181

DATE: _____

EMPLOYEE INFORMATION
DATE OF HIRE:
FULL NAME:
STREET ADDRESS:
CITY, STATE, & ZIP CODE:
SOCIAL SECURITY NUMBER:
DATE OF BIRTH:

EMPLOYER INFORMATION
EMPLOYER'S NAME: <i>City of Valdez, Alaska</i>
PAYROLL DEPARTMENT STREET ADDRESS: <i>212 Chenega Avenue (P.O. Box 307)</i>
PAYROLL DEPARTMENT CITY, STATE, & ZIP CODE: <i>Valdez, Alaska 99686</i>
FEDERAL EIN: <i>92-6000143</i>

Questions regarding this fax should be addressed to: _____

Phone: (907) 835-4313

Direct Deposit

EMPLOYEE'S AUTHORIZATION - Please fill out and return to Payroll Department

I authorize you and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my specific account(s) each pay period. This authority will remain in effect until I have cancelled it in writing.

CHECKING ACCOUNT		SAVINGS ACCOUNT	
Amount	_____	Amount	_____
Start Date	_____	Start Date	_____
Stop Date	_____	Stop Date	_____
Account Number	_____	Account Number	_____
CHECKING ACCOUNT		SAVINGS ACCOUNT	
Amount	_____	Amount	_____
Start Date	_____	Start Date	_____
Stop Date	_____	Stop Date	_____
Account Number	_____	Account Number	_____
TOTAL BALANCE			
Total Balance (Add Checking and Saving)		_____	
ACTION		ACTION	
<input type="checkbox"/> Add	Transit Routing Number	<input type="checkbox"/> Add	Transit Routing Number
<input type="checkbox"/> Change	(9 digits)	<input type="checkbox"/> Change	(9 digits)
<input type="checkbox"/> Delete	_____	<input type="checkbox"/> Delete	_____
Employee Information		Financial Institution Information	
Employee Name	_____	Financial Institution	_____
Employee ID	_____	Branch	_____
Signature	_____	City/State	_____
Effective Date			

EEOC Reporting

Under public Law 88-352, Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, all State and local governments that have 15 or more employees are required to keep records and to make such reports to the Equal Employment Opportunity Commission as specified in the regulations of the Commission.

For your information, job categories include:

1. Officials and Administrators
2. Professionals
3. Technicians
4. Protective Service Workers
5. Paraprofessionals
6. Administrative Support (including Clerical and Sales)
7. Skilled Craft Workers
8. Service-Maintenance
9. Part-time workers

_____ **White (not of Hispanic Origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ **Black (not of Hispanic Origin):** All persons having origins in any of the Black racial groups of Africa

_____ **Hispanic:** All persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race

_____ **Asian or Pacific Islander:** All persons having origins in any of the original people of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.

_____ **American Indian or Alaskan Native:** All persons having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **I choose to not participate**

Employee Name

Employee Signature

Date

Form I-9 CNMI, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to verify the identity and employment authorization of each new employee (both citizen and noncitizen) hired in the Commonwealth of the Northern Mariana Islands (CNMI) after November 27, 2009.

When Should Form I-9 CNMI Be Used?

All employees (citizens and noncitizens) hired in the CNMI after November 27, 2009, and working in the CNMI must complete Form I-9 CNMI. The Form I-9 CNMI is only for use in the CNMI.

Filling Out Form I-9 CNMI

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

From November 28, 2009, through November 27, 2011, a CNMI employee with a valid foreign passport and unexpired work authorization document granted under CNMI law should check "alien authorized to work" in Section 1 and enter the 6-digit Legal Immigration Information Database System (LIIDS) number in the space provided.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 CNMI employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last two pages of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9 CNMI. **Employers are still responsible for completing and retaining Form I-9 CNMI.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9 CNMI. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 CNMI instead of completing **Section 3**.

U.S. Immigration Law and the CNMI

U.S. immigration law will extend to the CNMI on November 28, 2009, as a result of Title VII of the Consolidated Natural Resources Act of 2008 (CNRA). Like all other U.S. employers, CNMI employers will be required to verify the identity and employment authorization of all individuals they hire for employment, regardless of citizenship, to ensure that they have valid documentation that authorizes them to work.

After November 27, 2009, CNMI employers may hire or continue to employ aliens whose employment authorization was granted under CNMI law before November 28, 2009, within certain limitations. The CNRA allows alien workers lawfully present in the CNMI on November 28, 2009, and authorized to be employed in the CNMI to be considered authorized to work in the CNMI until their employment authorization expires under CNMI law or until November 27, 2011, whichever is shorter. Certain documents issued by the CNMI to aliens with unrestricted work authorization in the CNMI or aliens granted permanent resident status under CNMI law and issued Permanent Resident Cards by the CNMI between April 1, 1977 and April 23, 1981, are designated as List A documents. These documents are found on the last page of the Form I-9 CNMI.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9 CNMI. This form is not filed with USCIS or any government agency. Form I-9 CNMI must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our Web site at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 CNMI from our Web site at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our Web site at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet Web site at www.uscis.gov.

Photocopying and Retaining Form I-9 CNMI

A blank Form I-9 CNMI may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s CNMI for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 CNMI may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, N. W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 CNMI to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9 CNMI, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**LISTS OF ADDITIONAL ACCEPTABLE
LIST A DOCUMENTS FOR USE IN THE
CNMI ONLY**

All documents must be unexpired

1. A foreign passport and Alien Entry Permit with red band issued to an alien by the CNMI Office of the Attorney General, Division of Immigration before November 28, 2009, as long as the period of employment authorization has not yet expired.
2. A foreign passport and an unexpired Permanent Resident Card issued by the CNMI.
3. A foreign passport and a temporary work authorization letter issued by the CNMI Department of Labor before November 28, 2009, containing the name and photograph of the individual, if the period of employment authorization has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the temporary work authorization letter.

Images of the Alien Entry Permit and CNMI Permanent Resident Card appear in the Guide for Employers: Instructions for Verifying Employment Authorization in the Commonwealth of the Northern Mariana Islands (M-274A)

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

ALASKA DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT



- INDIVIDUAL WORK PERMIT APPROVED
- APPROVED AS AMENDED

DENIED

By: _____

Date: _____

- GENERAL DUTIES WORK PERMIT APPROVED FOR:

- 16 & 17 YEAR OLDS; OR
- 14 - 17 YEAR OLDS

By: _____

Date: _____

INDIVIDUAL WORK PERMIT:

1. Employer completes and signs *Section A*
2. Parent or guardian completes and signs *Section B*.
3. Employer submits work permit and LEGIBLE copy of minor's proof of age to the Wage and Hour office.
4. When the approved work permit is returned, the minor may begin work.

GENERAL DUTIES WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Employer submits work permit to Wage and Hour office
3. The approved duties are returned to the employer. After employer obtains the signature of the minor's parent or guardian in *Section B*, the minor may begin work.
4. Employer **must return a copy** of the work permit signed by the parent or legal guardian and **LEGIBLE** copy of proof of age to the Wage and Hour office **within seven (7) calendar days** of minor beginning work.

Section (A) to be completed by EMPLOYER

Name of Employer:		Employer Fax Number:	
DBA/		Employer Phone Number:	
Employer's Local Mailing Address:		City	Zip
Location of Employment (Physical Address):		City	Zip
Duties to be performed by minor:	Tools, Equipment or Machinery to be Used by Minor:		
Do these duties involve being on a licensed restaurant designated premise where alcoholic beverages are served? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Rate:	Pay Periods:	
<p>✓ SEE REVERSE SIDE - FEDERAL LIMITATIONS MAY BE MORE STRICT.</p> <p>HOURS OF WORK FOR YOUTHS AGES 14 AND 15 YEARS WILL BE RESTRICTED AS INDICATED BELOW.</p> <ul style="list-style-type: none"> ❖ When school is in session, hours will be limited to a combined total of nine hours of school attendance plus employment in any one day; work will be performed only between the hours of 5 a.m. and 9 p.m.; total hours worked in one week will be limited to 23 hours. ❖ During school vacations, work hours will be limited to a maximum of 8 hours per day and a maximum of 40 hours per week and work will be performed only between the hours of 5 a.m. and 9 p.m. <p>Alaska law (AS 23.10.350 (c)) states that a minor under 18 years of age:</p> <ul style="list-style-type: none"> (i) may not be employed or allowed to work more than six days a week (ii) who works for five (5) consecutive hours without a break is to have a break of at least 30 consecutive minutes before continuing work 			
I affirm and agree that such working conditions will be maintained and that all changes shall have the prior approval of the Commissioner of Labor & Workforce Development.			
Printed Name of Employer or Agent Acting for Employer		Signature	Date

Section (B) to be completed by PARENT or GUARDIAN prior to employment of minor

PROOF OF CHILD'S AGE: YOU MUST PROVIDE ONE OF THE FOLLOWING DOCUMENTS OR A COPY THEREOF		
<input type="checkbox"/> Driver's License or Permit, <input type="checkbox"/> State I. D., <input type="checkbox"/> Birth Certificate, <input type="checkbox"/> Passport, <input type="checkbox"/> Authenticated School Records, <input type="checkbox"/> Military I. D., <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> An official signed statement of B.I.A. census records <input type="checkbox"/> Other (Specify) _____		
Name of Minor (Print):	Address:	Date of Birth:
I affirm that I am the parent/stepparent <input type="checkbox"/> or the legal guardian <input type="checkbox"/> of the above-named minor and that such minor has my consent to be employed in any occupation authorized by the Alaska child labor laws, Alaska Statutes 23.10.325-370.		
Signature (Legal guardian must attach documentation)		Date
Telephone Number		Date

NOTICE: All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 09.25.110-220 or be provided to other State agencies (see AS 44.99.310).

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
1111 West Eighth Street, Suite 302
Juneau, Alaska 99802-1149
Phone: 465-4842
FAX: 465-3584

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
3301 Eagle Street, Suite 301
Anchorage, Alaska 99503-4149
Phone: 269-4900
FAX: 269-4915

Labor Standards & Safety Division
Alaska Department of Labor &
Workforce Development
Regional State Office Building
675 7th Avenue, Station J-1
Fairbanks, AK 99701
Phone: 451-2886
FAX: 451-2885

✓ EMPLOYERS PLEASE NOTE:

OCCUPATIONS PROHIBITED TO ALL MINORS UNDER 18:

1. Occupations in manufacturing, handling, or use of explosives.
2. Occupations of motor vehicle driver or helper (limited exceptions.)
3. Mining operations including coal.
4. Logging or occupations in the operations of any sawmill, lath mill, shingle mill or cooperage.
5. Operations of power-driven woodworking machines.
6. Occupations with exposure to radioactive substances and to ionizing radiation.
7. Occupations involving exposure to bloodborne pathogens.
8. Operation of elevators or other power-driven hoisting apparatus.
9. Operation of power-driven metal forming, punching, and shearing machines.
10. Occupations involving slaughtering, meatpacking or processing, or rendering.
11. Occupations involved in the operation and cleaning of power-driven bakery machines.
12. Occupations involved in the operation of power-driven paper products machines.
13. Occupations involved in the manufacture of brick, tile, and kindred products.
14. Occupations involved in the operation and cleaning of circular saws, band saws and guillotine shears.
15. Occupations involved in wrecking, demolition, and shipbreaking operations.
16. Occupations involved in roofing operations.
17. Occupations involved with excavation operations.
18. Electrical work with voltages exceeding 220, or outside erection or repair, and meter-testing, including telegraph and telephone lines.
19. Occupations involved in canvassing, peddling, door-to-door solicitation, or sales.

IF UNDER 16 THESE ADDITIONAL OCCUPATIONS ARE ALSO PROHIBITED:

1. Occupations in manufacturing, mining, or processing, including work rooms or places where goods are manufactured, mined, or otherwise processed.
2. Occupations involved in operation of hoisting or power-driven machinery other than office machines.
3. Operation of motor vehicle or service as helper on motor vehicle.
4. Public messenger service.
5. Occupations in or about canneries, seafood plants, including cutting, slicing, or butchering, or the operation of any floating plant and including loading or unloading.
6. Work performed in or about boilers, engine rooms, or retorts.
7. Work involved with maintenance or repair of the establishment's machines or equipment.
8. Occupations that involve working from window sills, ladders, scaffolds, or their substitutes.
9. Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repair of power-driven food slicers, grinders, choppers, cutters, and bakery-type mixers.
10. Work in freezers, meat coolers, or preparation of meat for sale.
11. Loading or unloading to and from trucks, railroad cars, or meat conveyors.
12. Occupations in warehouses except office and clerical work.
13. Occupations involving use of sharpened tools.
14. Occupations in transportation of persons or property, warehousing and storage, construction (including demolition and repair) except office or sales work in connection with these occupations.

The federal prohibition on the hours 14 and 15 year old minors may be allowed to work is stricter than Alaskan law. Due to this conflict, an employer of 14 or 15 year old minors may find that they are in compliance with State law, but in violation of federal law. For example:

Federal Law

Children 14 and 15 years old may only work:

1. outside school hours.
2. No more than 40 hours in any one week when school is not in session.
3. Not more than 18 hours in any week when school is in session.
4. Not more than 8 hours in any one day when school is not in session.
5. Not more than 3 hours in any one day when school is in session.
6. Between 7 a.m. and 7 p.m. in any one day except during the summer (June 1 through Labor Day), when the evening hours will be 9 p.m.

State Law

Children 14 and 15 years old may work:

1. A total of 9 hours of school and work combined in one day.
2. Only between the hours of 5 a.m. to 9 p.m.
3. No more than 23 hours per week outside of school hours (domestic work and babysitting excepted).
4. No more than 6 days per week.

There are certain exceptions to the federal law; for example, children in work-study programs through their schools are exempt from some or all of the hour restrictions. For further information on the federal law, contact the United States Department of Labor, Wage and Hour Division, Telephone: 1-866-487-9243.

TITLE 4 ALCOHOLIC BEVERAGES -- ALASKA STATUTES

Sec. 04.16.049. Access of persons under the age of 21 to licensed premises:

(a) A person under the age of 21 years may not knowingly enter or remain in premises licensed under this title unless:

- (1) accompanied by a parent, guardian or spouse who has attained the age of 21 years;
- (2) the person is at least 16 years of age, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining; or
- (3) the person is under the age of 16 years, is accompanied by a person over the age of 21 years, the parent or guardian of the underaged person consents, the premises are designated by the board as a restaurant for the purposes of this section, and the person enters and remains only for dining.

(c) Notwithstanding any other provision in this section, a person between 16 or 17 years of age may enter and remain within the licensed premises of a hotel, restaurant, or eating place in the course of employment if

- (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages;
- (2) the person has the written consent of a parent or guardian; and
- (3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development. The board, with the approval of the governing body having jurisdiction and at the licensee's request, shall designate which premises are hotels, restaurants, or eating places for the purposes of this subsection.

(d) Notwithstanding any other provision in this section, a person 18, 19, or 20 years of age may be employed within the licensed premises of a hotel, restaurant, or eating place, may enter and remain within those premises for the purpose of employment, but may not in the course of employment, sell, serve, deliver, or dispense alcoholic beverages..

PULL-TABS

15 AAC 160.480(b) prohibits the sale of pull-tabs by anyone under the age of 21.