

**WORK PERMIT APPLICATION
STUDENT INSTRUCTIONS**

PLEASE READ ALL INSTRUCTIONS CAREFULLY!!!!

Students must be 14 years of age to obtain a work permit.

Fill out APPLICATION FOR MINOR WORK PERMIT at home and have your parent or guardian sign it. Be certain to include your city and zip code on the address line.

PLEDGE OF EMPLOYER - Have your employer fill out the Pledge of Employer section (Tax ID number mandatory) including filling out information in Boxes 1-4. (Must be specific)

Have your physician complete PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT on the back page. A copy of a CURRENT school year sports physical is also acceptable.

Please bring a form of identification confirming date of birth to the Main Office with the completed Application to have your work permit processed.

You must be present in the office to sign the processed work permit.

APPLICATION FOR MINOR WORK PERMIT

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full

Sex

Male Female

Grade Level

Proof of Age (Type of document)

Age

Date of Birth

Physician's certificate

Submitted with this application Valid physician's certificate on file

Address of Student / Applicant

School District

Building

Parent or Guardian

Parent or Guardian Telephone Number

Address of Parent or Guardian

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

PLEDGE OF EMPLOYER

Name of Firm

Telephone Number at Minor's Work Location

Address of Student / Applicant's Place of Employment, Job Site or Work Location

Specific Nature of Employment

Employer's Tax ID Number (9 digits) THIS FIELD IS MANDATORY

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

YES

NO

No. of Days Per Week

Hours Per Day

Starting Time

Quitting Time

1

2

3

4

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

Signature of person authorized to sign for employer

Address of employer if different from minor's place of employment

Date signed

Telephone number

E-Mail address
(Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

6331 1-1-78
8104 1-1-78

APPLICANT INFORMATION

Name of Student / Applicant in full

Sex

Male

Female

Date of Birth

Height:

 ft. in.

Weight:

 lbs

Color of Hair

Color of Eyes:

Distinguishing Characteristics, if any:

School District

Building

Parent or Guardian

Parent or Guardian Telephone Number:

PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON:

IS

IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW

Limited Certificate:

YES

NO

If Marked YES,

Employment should be Limited to Work Specified Below:

X

Physician's Signature

Date Signed