

WORK PERMIT

STUDENT INSTRUCTION FOR OBTAINING A WORK PERMIT

1. Fill out student/applicant information for minor work permit and have your **PARENT/GUARDIAN SIGN IT.**
2. Have your employer fill out Pledge of Employer (bottom half of form) **COMPLETELY AND SIGN. EMPOLYER MUST FILL OUT EMPLOYER TAX ID#, NUMBER OF DAYS PER WEEK, HOURS PER DAY, STARTING TIME AND QUITTING TIME.**
3. Have your Physician complete the Physician's Certificate, it must be **SIGNED AND STAMPED WITH THE PHYSICIAN'S OFFICE STAMP.** Your physical needs to be dated within the last year.
4. Bring application along with your birth certificate (only students attending a school other than Nordonnia High School) for proof of age.
5. Each change of employment requires a new permit.
6. Bring **completed** forms to the Attendance office. Your completed work permit is ready for pick up at the end of the school day.

APPLICATION FOR MINOR WORK PERMIT

351 65 ORC
1-13-07 ORC

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: City:

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 FINAL 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

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

1 2 3 4

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

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

Date signed

Telephone number

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

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

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3915
• 1982

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.

X _____
Physician's Signature

Date Signed

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:

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3391.02 OPRC
4 1983.02 OPRC

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.

Physician's Signature

Date Signed

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: