

WORK PERMIT INSTRUCTIONS

STUDENT/APPLICANT INFORMATION

You or your Parent/Guardian needs to complete this section of the Work Permit Application

***** YOUR APPLICATION WILL BE RETURNED TO YOU, IF IT IS NOT COMPLETED. *****

PLEDGE OF EMPLOYER

Your prospective employer needs to complete this section of the Application.

All information in this section is very important. the employer **MUST** complete the “EMPLOYER’S TAX ID NUMBER (9 digits), “No. of Days Per Week”, “Hours Per Day”, “Starting Time”, AND “Quitting Time” questions on the application. It is acceptable for your prospective employer to **estimate** the number of days and the number of hours you might work; “varies”, “times vary”, etc. are **NOT** acceptable answers, **times must be indicated**.

Since all Work Permits are processed via the Internet . . . YOUR WORK PERMIT CAN NOT BE PROCESSED without this information.

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APPLICANT INFORMATION (on back side of application)

You or your Parent or Guardian may complete this portion of the Work Permit.

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PHYSICIAN’S APPROVAL (on back side of application)

If you do not have a current physical, your employer is requesting one. Your family doctor may complete this portion of the Work Permit. Please note: Physicals are good for “1” year.

The doctor must indicate if you ARE or ARE NOT physically fit to work and then MUST SIGN the “**Physician’s Approval**” section of the Application.

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RETURNING THE APPLICATION FOR A WORK PERMIT

Please turn in your completed work permit application to Lori Baker at the KIOSK to process. Students can bring the completed form to the KIOSK in the morning upon arriving to school and will be able to pick up the copy of the work permit for their employer on their lunch time. This will give ample time to go on line to process the application.

When your Application has been completed, you will need to bring the Application, **PLUS** one of the following documents for **PROOF OF YOUR AGE**, to the school for processing:

Birth Certificate

Driver’s License

Temporary Driver’s ID Card

State ID

YOUR WORK PERMIT CAN NOT BE PROCESSED if you do not bring in one of these documents.

The school will process your Application on a special Secured Website and your Work Permit will be given to you, to give to your prospective employer.

Thank you for your cooperation in completing the application properly and completely. If you have any questions, please call Lori Baker at 419.661.6376.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 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:

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

3331.02 ORC
4109.02 ORC

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: