

# WORK PERMIT APPLICATION

## PLEASE SUPPLY THE FOLLOWING:

1. **LETTER OF INTENT:**

A letter from the employer, on their letterhead, stating the type of work and work schedule. *This must be signed by the employer.*

2. **Copy of BIRTH CERTIFICATE**

3. **Minors Social Security Card (actual card)**

4. **Parent ID (Copy)**

5. **PARENT APPROVAL:**

I give my son/daughter \_\_\_\_\_ permission to work.

*(print student's name) above*

POSITION APPLIED FOR: \_\_\_\_\_

PARENT PRINTED NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

5. **MEDICAL STATEMENT** – Certificate of Physical Fitness form indicating that on the basis of an examination performed within 90 days of the date of the application that the child is physically fit to be employed in all legal occupations. **This must be signed by the physician and stamped with physician information.**

6. **PRINCIPAL'S STATEMENT** – During the school year, if the applicant is age six or older, the applicant's home school must supply a letter on school letterhead stating that the minor is a full-time student and the hours the child is in school and signed by the principal.

*Please NEATLY Print Information Below*

NAME OF MINOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**THIS COMPLETED FORM NEEDS TO BE RETURNED IN PERSON BY THE MINOR OR THE PARENT TO THE COUNSELORS' OFFICE WITH ALL OF THE ABOVE REQUIRED**

**INFORMATION FOR A WORK PERMIT TO BE ISSUED.**

**MUST BE STAMPED WITH PHYSICIANS OFFICE INFORMATION**

**Certificate Of Physical Fitness**

State of Illinois, Department Of Labor (Must be signed and stamped by the Examining Office)

*Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Gender \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name of Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Description of Work Requested:

Remarks: (Physical Fitness for Requested Work):

Name of Examiner \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Date \_\_\_\_\_