

Bowling Green City Schools

Work Permit Instructions

Student / Applicant Information

You or your Parent / Guardian may fill this section out, but it must be complete or the work permit application will be returned to you.

Pledge of Employer

Your potential employer must complete this section on the application. All information is required. Since work permits are processed via a secure server with the Ohio Department of Commerce, a work permit **cannot** be processed without this information. It is acceptable for the employer to estimate the number of days and the number of hours you might work. “Varies” and “time varies” are **not** acceptable answers. Actual times must be indicated. If this section is not completely or correctly filled out, the work permit application will be returned to you.

Applicant Information

You or your Parent / Guardian may fill this section out, but it must be complete or the work permit application will be returned to you.

Physician's Approval

If you do not have a current physical on file, your employer is requesting one. Your family doctor may complete this portion of the work permit. Please note that physicals are only good for (1) year. The doctor must indicate if you **ARE** or **ARE NOT** physically fit to work and then must sign and date the bottom section of this form. If there are any restrictions, they must be listed in the other side and must be marked as limited certificate. If there is no signature from a physician, the work permit application will be returned to you.

School Record of Applicant for Employment Certificate

This section must be filled out by the school you are enrolled in. The principal must sign and date this section. This section must be complete or the work permit application will be returned to you.

Return the Work Permit Application to the Central Administrative Office

After all sections have been completely filled out, you, **the student**, must bring the work permit application and your birth certificate personally to the Central Administrative Offices located at 137 Clough Street in Bowling Green, Ohio. Your work permit will be filed electronically with the State of Ohio. You are required to sign a printed copy of the work permit. A copy of the work permit will be provided to the student and the original will be mailed to the employer.

Note: A work permit is only good for one employer. A change of employer means you must submit another set of work permit application forms to the office of the Superintendent for processing.

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:

Weight:

Color of Hair:

Color of Eyes:

ft. in. lbs.

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

OHIO Form IV 3331.02 R.C.

SCHOOL RECORD OF APPLICANT FOR EMPLOYMENT CERTIFICATE

SCHOOL DISTRICT

I certify that _____
(FULL NAME OF PUPIL)

who resides at _____
(EXACT ADDRESS)

whose age is _____ years and _____ months, attended school _____ days the current year,
and _____ days last school year.

This pupil has successfully completed the _____ grade and is presently
enrolled in the _____ grade.

This pupil ☐ is ☐ is not enrolled in the State Approved work program.

Comments:

(INCLUDING STANDING
IN STUDIES AND
RATING IN CONDUCT)

(SIGNATURE OF PRINCIPAL)

(NAME OF SCHOOL)

DATE

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Grade Level:

☐ Male ☐ Female

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.

X

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.

X

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

X

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)