

# WORK PERMIT APPLICATION and Instructions

## READ ALL INSTRUCTIONS CAREFULLY

1. The student must be a resident of Gahanna.
2. The attached application has three sections that will need to be completed before the Guidance Office can process and issue you a WORK PERMIT.
  - a. **Student/Applicant Info** - ALL sections completed including Parent/Guardian signature
  - b. **Pledge of Employer** - ALL sections completed including Tax ID #
  - c. **Physician's Certificate** - ALL sections completed with Physician's Approval **OR** Attach a copy of your child's physical, dated within 12 months of this application.
3. If you are NOT a Gahanna student, you will need to bring a COPY of your Birth Certificate.

Once all three sections are complete, drop off your WORK PERMIT application to the Guidance Office for processing. Your application will be processed through the State of Ohio and your Work Permit will be available for pick up the next business day, unless otherwise instructed. THANKS!

Gahanna Lincoln H.S.  
140 S Hamilton Road  
Gahanna OH 43230  
Guidance Office 614-478-5508

# 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:

Gahanna-Jefferson Schools

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** N/A

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Guidance Office

Name of Office

140 S Hamilton Rd Gahanna OH 43230

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)

# 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.

**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:

  
  

LAWS COM 0000 (Replaces OHIO FORM V)

Have your physician fill out this entire page

OR

Attach a copy of your child's physical, dated within 12 months of this application