

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT PERMIT

See reverse side of this form for information concerning employment of minors.

Applicant must appear in person before the certifying official

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Date:

I, Age
[Applicant]

Home Address, apply for a certificate as checked below
[Full Home Address including Zip Code]

- Newspaper Carrier Permit (See Part III below)
- Farmwork Permit
- Farmwork Permit - Special
- Street Trades Permit

I hereby consent to the required examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any)
[Date of Birth]

- Birth Certificate
- State Issued Photo
- I.D Driver's License
- Schooling Record
- Other [Specify].....

PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician's assistant or nurse practitioner authorized to practice within New York State.* Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school If physical exam is over 12 months, provide student with Certificate of Physical Fitness to be completed by school medical director or private health care provider.

(An exam or Certificate of Physical Fitness is not required for the issuance of Newspaper Carrier Permit if the applicant is qualified to participate in the school physical education program.)
If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate which will be valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate.

THE PHYSICIAN'S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

**Education Law Article 131, Section 6526 lists exempted physicians authorized to practice in the state without a NYS license. Education Law Article 139 section 6908(f) lists exempted persons authorized to practice nursing (inclusive of nurse practitioners) in the state without a NYS license.*

PART IV – Employment Certification – (To be completed by issuing official only)

Permit Number Date Issued

.....
[Issuing Center] [Address] [Signature of Issuing Officer]

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PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)

(Address)

(Date of Birth)

Male Female Nonbinary

INSTRUCTIONS TO HEALTHCARE PROVIDER:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and find they are physically qualified for lawful employment.

(Date of Physical)

(Signature of Healthcare Provider)

(Address of Healthcare Provider)

B. I hereby certify that I have examined the above-named applicant and find they have a disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of Healthcare Provider)

(Address of Healthcare Provider)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.