OLMSTED FALLS CITY SCHOOL DISTRICT

INSTRUCTIONS FOR COMPLETION OF WORK PERMITS

MUST BE COMPLETED BY ALL EMPLOYED STUDENTS UNDER THE AGE OF 18

- 1. Pick up packet from Main Office.
- Parent must complete the "Application for Minor Work Permit".
- 3. Employer must complete the "Pledge of Employer". It is mandatory that the employer include the Tax ID Number and the blocks for number of days, hours per day, etc.!
- 4. Physician's Certificate to be completed by your doctor. Please be sure to have your doctor STAMP his address and phone number on this form. If you have a current sports physical on file (within the year), please note that on your "Application for Minor Work Permit", then a physical is not necessary.
- 5. Return "Application for Minor Work Permit/Pledge of Employer" form and the "Physician's Form" (if necessary) to Mrs. Weisbarth in the Principal's Office along with a copy of your birth certificate, baptismal certificate or driver's license. This document will be returned to you after the information is verified.
- 6. Mrs. Weisbarth will electronically submit your application to the State of Ohio. After this has been completed, you will be called to the office to sign and receive your copy to take to your employer.

OHIO Minor Labor Laws

Restrictions on employment

inors 14 & 15 shall not:

- Cook or bake
- Operate a deep fryer
- Work with car pits, racks, or lift apparatus
- Use ladders or scaffolds
- Load or unload trucks
- Perform construction
- Work in freezers
- Engage in door-to-door sales unless employer is registered with the Bureau of Wage & Hour

inors 17 & under shall not:

- Operate motor vehicles
- Perform roofing work
- Operate power-driven saws
- Be employed in logging and milling
- Be employed in mining
- Use chemicals or explosives
- Be employed in slaughtering
- Engage in meat slicing operations
- Perform or work in excavation
- Be employed in any maritime operations
- Be employed in any demolition operation

OHIO Minor Labor Laws

Minors 14 thru 17 years old must have a work permit

Work permits are obtained from your local school district

Minors must receive a written agreement indicating the hourly rate of pay

Minors must receive a 30 minute break after 5 hours worked

HOURS OF WORK Ages 14 & 15

School in session
3 hours / school day
8 hours / non school day
18 hours / school week
Not before 7a.m. & not after 7p.m.
School out of session
8 hours / day
40 hours week
Not before 7a.m. & not after 9p.m.

Ages 16 & 17
Cannot work before 7a.m.
Monday thru Friday and after
11p.m. Sunday thru Thursday
when school is in session

Bob Taft Governor



Gary C. Suhadolnik Director

Ohio Dept. of Commerce

Division of Labor & Worker Safety

BUREAU of WAGE & HOUR

50 West Broad Street 28th Floor Columbus Ohio 43215 614-644-2239 www.com.state.oh.us

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APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC 4109.02 ORC

Name of Student / Applicant in full:		Sex:	Grade Level:			
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Proof of Age (Type of document):	Age: Date of Birth:		Physician's certificate: Submitted with Valid physici			
		this ap	tted with Valid physician Valid physician certificate on fi			
Address of Student /Applicant:						
School District:	Building		1 I			
201001 200101						
Parent or Guardian:		Parent or G	uardian Telephone Number:			
			and an interpretation of the interpretation			
Address of Pasent or Guardian:						
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X	X		4			
Signature of Parent or Guan	dian Superin	intendent / Chief Adminstrative Officer / Designated Issuing Officer				
Date Signed		Name of Offi	ce			
HE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLA ERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT						
ND THE EMPLOYEE.		Address of Of	fice			
PLEDGE OF EMPLOYER						
ame of Firm:		Telephone N	lumber at Minor's Work Locati			
			The state of the s			
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nployer's Tax ID Number (9 digits). THIS FIELD) IS MANDATORY	IF MINOR WORKS A	VARIED OR			
	E .	IRREGULAR SCHED	ULE, ENTER YES			
o. of Days Per Week: Hours Per Day: Starti	ng Time: Quitting Time:	ITEMS 1 THRU 4. AR TO BE WORKED WIT	E HOURS			
	4	LIMITS OF THE LAW				
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Signature of person authorized to sign for employer		Date signed	d Telephone number			

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC

APPLICANT INFOR	RMATION						
Name of Student / Applicant in fo						Sex:	Female
Date of Birth:	Height:	Weight:	lbs.	Color of Hair.		Color of Eyes:	
Distinguishing Characteristics, if	any:						3
School District:			Building	:			
Parent or Guardian:					Parent or 0	Guardian Telephor	ne Number:
PHYSICIAN'S APPI	ROVAL		T				
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Physicia	n's Signature				-	- 4	
Date	e Signed				3		

LAWS COM 0000 (Replaces OHIO FORM V)