## **Work Permit Application Instructions**

To obtain a Work Permit, please complete the following;

Step 1	<u>STUDENT/APPLICANT INFORMATION</u> – Filled out by the student and <u>signed</u> by parent or guardian.
Step 2	PLEDGE OF EMPLOYER Completed and signed by employer.
Step 3	PHYSICIAN'S CERTIFICATE - Completed and signed by physician.
Step 4	After steps 1 through 3 are completed and signed, take them to the Worthington Schools Education Center, 200 East Wilson Bridge Road, Worthington, along with proof of age.

Please Note: The student will have to sign the work permit, so he/she must bring the completed application forms to the Education Center.

<sup>\*\*\*</sup> Applicants MUST also bring a proof of age with them to the WEC which can be a birth certificate, state ID, driver's license, or passport.

## **APPLICATION FOR MINOR WORK PERMIT**

STUDENT / APPLICANT INFORMATION		<u> </u>	
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' certificate on file
Address of Student /Applicant:			
School District	Building:		
Parent or Guardian:		Parent or Guardian Telep	hone Number:
Address of Parent or Guardian:			
THE PERIOD OF MY KNOW EDGE AND	LUEDERY CERTIEV TU	AT I LIANTE EVANNIED AN	D APPROVED THE
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.	ABOVE NOTED DOCUM	AT I HAVE EXAMINED AN MENTARY PROOF OF AGE	E.
X	X	-	
Signature of Parent or Guardian	Superintendent / Chief Add	minstrative Officer / Design	ated Issuing Officer
Date Signed		Name of Office	
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 MANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER			
NID THE EMPLOYEE.		Address of Office	
PLEDGE OF EMPLOYER			
Name of Firm:		Telephone Number at Min	or's Work Location:
Address of Student /Applicant's Place of Employment, Job Site, or Work Location	on:		
		,	
Specific Nature of Employment:	,		
			7/2-1
Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY	f		
	IRREGU	R WORKS A VARIED OR LAR SCHEDULE, ENTER	YES
to, of Days Per Week: Hours Per Day: Starting Time: Quitting T	ITEMS 1	SENTATIVE" TIMES IN THRU 4. ARE HOURS	Пю
1) (2) (3) (4)	LIMITS	ORKED WITHIN THE OF THE LAW?	<b>□</b> 140
THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NATIONAL TO THE MINORS. THE EMPLOYER FURTHER AGREES TO GIVEN THE SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMINORAL BELOW TO NOTIFY THE SCHOOL WITHIN FIVE DAYS	VE MINOR A COPY OF T AS SOON AS THE NECES BIT THE CHILD TO ATTE	HE WAGE AGREEMENT SARY AGE AND SCHOOL ND PART TIME SCHOO!	IN ACCORDANCE ING CERTIFICATE WHEN SUCH IS
X			•
Signature of person authorized to sign for employer	Date signed	Telephone nu	mber
Address of employer if different from minor's place of employment	E-Mail address (Optional- if employ	yer wants notification in cas	se 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:	
Distinguishing Characteristics, if any:	lbs.		
Distriguishing Characensucs, in any.			
School District:	Building:		
Parent or Guardian:	Parent or C	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;	NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.		
☐ IS ☐ IS NOT	Limited Certificate: YES	NO NO	
IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.	If Marked YES; Employment should be Limited to Work Specified Below:		
X			
Physician's Signature			
Date Signed			

LAWS COM 0000 (Replaces OHIO FORM V)