

Application for Minor Work Permit

3331.02 ORC
4109.02 ORC

Student/Applicant Information

Name of Student/Applicant in full

Sex

Male

Female

Grade Level

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/Guardian Name

Parent/Guardian Phone

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 NAMES ABOVE WILL WORK WITH MY APPROVAL

X

Signature of Parent/Guardian

Date

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 Admin Officer/Designated Issuing Officer

Name of Office

Address of Office

PLEDGE OF EMPLOYER

Name of Firm:

Telephone Number at Minor's Wor

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. Days/Week

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE TIMES IN ITEMS 1 THRU 4. ARE HOUR 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 TH EEMPLOYMNETS OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF TH EWAGE 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 VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE HCILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SHCOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES.

X

Signature of person authorized to sign for employer

Date

Telephone Number

Address of employer if different from minor's place of employment

Email Address

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

 ft. in.

Weight

 lbs.

Hair Color

Eye Color

Distinguishing Characteristics, if any:

School District

Building

Parent/Guardian Name

Parent/Guardian Phone

Address of Parent or Guardian

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

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: