

KETTERING CITY SCHOOLS

Main Office Lobby Front Desk • Fairmont High School • 3301 Shroyer Road • Kettering, OH 45429
 Work Permit Office Hours: Monday – Friday 9:00 am – 2:30 pm • Phone **499-1600**

STUDENT WORK PERMIT APPLICATION INSTRUCTIONS

1. **ALL SECTIONS of this application must be completed before the application can be processed.**
2. **Work Permits will be processed within 24 hours after the application is turned in. STUDENTS may turn in COMPLETED applications to the front desk between the hours of 9:00AM and 2:30PM.**
3. The EMPLOYER must fill out the Pledge of Employer section.
4. A Parent/Guardian must sign the Student/Applicant Section.
5. Have your Physician complete the section labeled “Physician’s Certificate for Minor Work Permit.” A copy of a **student’s completed, unexpired physical from Final Forms** may be printed out and turned in with this application **INSTEAD** of having your physician sign the form.
6. It is the student’s responsibility to make sure all parts of the application are completed before bringing it to have the actual work permit issued. **We cannot process the permit without the student being present.**
7. Kettering City Schools will only issue work permits to students residing in the Kettering City School district. Students living in other school districts must obtain their work permit from that district.

APPLICATION FOR MINOR WORK PERMIT

STUDENT/APPLICANT INFORMATION – Please print			3331.02 ORC, 4109.02 ORC
Name of minor student:	Date of Birth:	Sex:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address:	Zip Code:	Home phone:	
School Attending:	Present Grade or Highest Grade Completed:		

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:

Print Parent/Guardian Name:	Parent/Guardian Signature:	Date:

<p>FOR OFFICE USE ONLY:</p> <p>Proof of Age Provided :</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> OH Driver’s License or Temps</p> <p><input type="checkbox"/> School Record</p> <p><input type="checkbox"/> Other</p> <p>Signature of School District Issuing Agent Verifying Proof of Age:</p> <p>X _____ Date: _____</p>	<p>EMPLOYER AND PHYSICIAN MUST COMPLETE SECTIONS ON BACK</p>
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PLEDGE OF EMPLOYER 3331.02RC, 3331.06RC, 4109.42RC, 4109.99RC

ATTENTION EMPLOYERS: All blanks of the Pledge of Employer section must be completed in order for the work permit to be processed/issued.

Employer (Firm Name):	Employer Phone:

Address of Employer:	City:	State:	Zip Code:

Employer's Tax ID # (9 digits):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of Industry (retail, manufacturing, restaurant, etc.):	Student's Job Title (type of work):

Work Hours – THIS SECTION MUST BE COMPLETED --If the student has not yet been assigned a regular work schedule or if the student's work schedule will vary, **enter times that are similar to what the student's actual work schedule will be:**

# Days Per Week:	Hours Per Day:	Typical Starting Time:	Typical Quitting Time:
1.	2.	3.	4.

Summer only?	Weekends Only?	Part-Time or Full Time Hrs?	Are hours to be worked within limits of the law?
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	PT: <input type="checkbox"/> FT: <input type="checkbox"/>	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

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 ISSUING OFFICER WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES.

Signature of person authorized to sign for employer:	Date of Signature:	Phone:
X		

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT 3331.02RC, 4109.42RC

Name of Student/Applicant:	Date of Birth:

Sex:	Height:	Weight:	Hair Color:	Eye Color:
Male: <input type="checkbox"/> Female: <input type="checkbox"/>				

Distinguishing Characteristics, if any:

The undersigned certifies to have thoroughly examined the above named minor 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 his/her age and sex.

Indicate any employee work limitations here: _____

Physician's Signature:	Date Signed:
X	