

Ashland City Schools Work Permits

Student Work Permits Children under the age of 18 can obtain a work permit in the state of Ohio. There are portions for the student, parent/guardian, school, and employer to complete along with a physician's certificate.

Section 1

- The student and parent must fill out the top section on page 1 entitled STUDENT/APPLICANT INFORMATION

Section 2

- The employer will then fill out the PLEDGE OF EMPLOYER on the bottom section of page 1.
 - The employer must provide a 9 digit federal ID number and the number of hours to be worked in numbers 1-4 for the application to be processed.

Section 3

- Students must then have a physician complete the PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT on page 2 certifying that the student is physically able to perform the work.
 - If a student is an athlete and has a current physical on file with the district, this can be used in lieu of having a physician complete a form.

When All Sections are Completed

The student must then take both the application for the minor work permit and physicians certificate to the school. The school will then sign the certificate and provide an Age and Schooling Certificate. The student will need to sign the age and schooling certificate at the school and a copy will be given to them to take to their employer.

It will typically take 48 to 72 hours for the school to generate this certificate.

The student must then bring the Age and Schooling Certificate to their employer and are now eligible to begin working.

Changing Jobs

If you already have a work permit and are changing jobs, the STUDENT/APPLICANT INFORMATION & PLEDGE of EMPLOYER sections are the only sections that need to be completed as long as your physical is still under 1 year old. After you and your new employer have completed these sections, please return it to the AHS main office for processing.

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 or Guardian:

Parent or Guardian Telephone Number:

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 NAMED ABOVE WILL WORK WITH MY APPROVAL.

X

Signature of Parent or Guardian

Date Signed

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 Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

PLEDGE OF EMPLOYER

Name of Firm:

Telephone Number at Minor's Work Location:

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. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS 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 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 SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

X

Signature of person authorized to sign for employer

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

Date signed

Telephone number

E-Mail address

(Optional- if employer wants notification in case 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:

<input type="text"/>	<input type="text"/> ft. <input type="text"/> in.	<input type="text"/> lbs.	<input type="text"/>	<input type="text"/>
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Distinguishing Characteristics, if any:

<input type="text"/>

School District:

Building:

<input type="text"/>	<input type="text"/>
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Parent or Guardian:

Parent or Guardian Telephone Number:

<input type="text"/>	<input type="text"/>
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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

<input type="text"/>

Date Signed

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:

<input type="text"/>
<input type="text"/>
<input type="text"/>