Ohio Work Permit Procedures

Students who will be working in the State of Ohio must be issued a work permit from the high school district in which they attend. Please follow the procedures listed below:

1. The **Application for Minor Work Permit** is to be filled out by the student and signed by a parent and guardian.
2. Your Employer will complete the **Pledge of Employer** form.
3. The **Physician's Certificate for Minor Work Permit** must be filled out and signed by your doctor. If you have a sports physical for this school year, we will accept a copy of it from your high school.
4. Proof of Age document is required. This could include a driver's license or birth certificate.

The student must return the completed forms and sign the original work permit and take it to their employer. Also, an extra signed copy along with the application will remain in their folder in our front office.

Any questions, please contact Mr. Bryant at kbryant@daytonearlycollege.org. or by phone: 937-229-5780

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 Adminstrative 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: ①

Hours Per Day: ②

Starting Time: ③

Quitting Time: ④

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

Date signed

Telephone number

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

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: ft. in.

Weight: lbs.

Color of Hair:

Color of Eyes:

Distinguishing Characteristics, if any:

School District:

Building:

Parent or Guardian:

Parent or 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;

☐ 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 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: