# WORKING PAPERS

## Important Note

Anyone can pick up this application, but the applicant must appear in person to sign and receive the certificate.

This Working Paper application has 2 parts. Follow the directions exactly. When this application is completed, bring it to the Guidance Dept. Please see either Ms. Morgese or Mrs. Saber for your working papers.

## Application for Employment Certificate

1. Part 1- Fill in your name, age, date, home address. Check off which certificate applies to you. Have your parent or guardian sign the form.
2. NOTE: If you are applying for a FULL TIME CERTIFICATE, the parent or guardian MUST appear in person at the school to sign the application.
3. Part 2- Fill in your date of birth.

## Physical Fitness Certification Form

1. Fill out top 2 lines (name, date of birth, sex).
2. The school nurse or your personal physician must complete section A.
    a. If you attend SHS and you have had a school physical within the last year, the school nurse can sign Section A.
    **b.** If you have not had a school physical in the past year, take the form to your physician to complete. **Physician's Stamp must be on the form.**

**Please allow 3-5 days for the completion of these forms. **

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Rev. 5/21

**THE UNIVERSITY OF THE STATE OF NEW YORK**
**THE STATE EDUCATION DEPARTMENT**
**ALBANY, NY 12234**

# APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

Applicant must appear in person before the certifying official.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

## PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, ..... Age .....
[Applicant]

Home Address ....., apply for a certificate as checked below
[Full Home Address including Zip Code]

☐ Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.

☐ Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required

☐ Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school

I hereby consent to the required examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

## PART II – Evidence of Age – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any) .....
[Date of Birth]

☐ Birth Certificate ☐ State Issued Photo ☐ I.D Driver's License ☐ Schooling Record ☐ Other [Specify].....

## PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician's assistant or nurse practitioner authorized to practice within New York State.* Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school ..... If physical exam is over 12 months, provide student with Certificate of Physical Fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regard to allowed work/activity, the issuing official shall issue a Limited Employment Certificate, which will be valid for a period not to exceed 6 months, unless the limitation noted by the physician is permanent, in which case, the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate.

THE PHYSICIAN'S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

****Education Law Article 131, Section 6526* lists exempted physicians authorized to practice in the state without a NYS license. *Education Law Article 139 section 6908(f) lists exempted persons authorized to practice nursing (inclusive of nurse practitioners) in the state without a NYS license.***

## PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; or (b) for a minor 16 years of age and legally able to withdraw from school, according to Section 3205 of the Education Law, in a city or district which requires minors from sixteen to 17 years of age who are not employed to attend school, and who must show proof of having a job.

The undersigned will employ ..... residing at .....
[Applicant]

as ..... at .....
[Description of Applicant's Work] [Job Location]

for ..... days per week ..... hours per day, between ..... a.m. and ..... p.m.

Starting date .....

..... ..... ☐ Factory ☐ Nonfactory
[Name of Firm] [Address of Firm]

..... .....
[Telephone Number] [Signature of Employer]

## PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of ..... .....
[Name of School] [Address]

Show that ..... whose date of birth is .....
[Name of Applicant]

Is in grade..... .....
[Signature of Principal or Designee]

## PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number ..... Date Issued.....

..... ..... .....
[School or Issuing Center] [Address] [Signature of Issuing Officer]

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THE UNIVERSITY OF THE STATE OF NEW YORK
**THE STATE EDUCATION DEPARTMENT**
**Albany, New York 12234**

# PHYSICAL FITNESS CERTIFICATION

(Name of Applicant) (Address)

(Date of Birth)

☐ Male ☐ Female ☐ Nonbinary

## INSTRUCTIONS TO HEALTHCARE PROVIDER:

**Complete Part A unless certificate is limited --in which case complete Part B**

**A.** I hereby certify that I have examined the above-named applicant and find **they are physically qualified for lawful employment.**

(Date of Physical) (Signature of Healthcare Provider)

(Address of Healthcare Provider)

**B.** I hereby certify that I have examined the above-named applicant and find **they have a disability that requires limited employment.**

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date) (Signature of Healthcare Provider)

(Address of Healthcare Provider)

**If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.**