

# Adlai E. Stevenson High School

## **APPLICATION FOR A WORK PERMIT**

**\*\*TO OBTAIN A WORK PERMIT YOU MUST BRING THIS COMPLETED  
APPLICATION AND BIRTH CERTIFICATE TO ROOM 2412, 2414, or 6064\*\***

MINOR'S NAME \_\_\_\_\_

STEVENSON STUDENT ID# \_\_\_\_\_

MINOR'S ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ CURRENT AGE \_\_\_\_\_

CITY, STATE, COUNTY OF BIRTH \_\_\_\_\_

CITY

STATE

COUNTY

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN TELEPHONE \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

### **CONSENT OF PARENT OR GUARDIAN**

I hereby give my consent to my child/ward to engage in part-time employment with the employer indicated on this application, and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

I give my permission to release any/all medical report information commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, subsection (d) (4), it deems necessary in connection with and for the sole purpose of my child/ward obtaining an employment certificate as that term is defined under the Child Labor Laws of the State of Illinois.

Any description of a prior or existing physical condition which may, in the judgment of the School District and/or student's physician, be the basis for limiting the issuance of the employment certificate shall not constitute a violation of any right of a minor student which is guaranteed under the Family Educational Right to Privacy Act.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MINOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## EMPLOYER INFORMATION

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

MINOR'S JOB TITLE AND BRIEF DESCRIPTION OF WORK THAT THE MINOR WILL BE DOING

\_\_\_\_\_

MINOR WILL WORK \_\_\_\_\_ SCHOOL DAYS PER WEEK \_\_\_\_\_ HOURS PER SCHOOL DAY

HE/SHE WILL WORK \_\_\_\_\_ HRS. ON SATURDAY OR \_\_\_\_\_ HRS. ON SUNDAY

SUMMER WORK ONLY \_\_\_\_\_ YES \_\_\_\_\_ NO

IS ALCOHOL SERVED? \_\_\_\_\_ YES \_\_\_\_\_ NO

PRINTED NAME OF COMPANY OFFICIAL \_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

## STATEMENT OF PHYSICAL FITNESS

A physical statement signed by a physician within one year of application is required.

\_\_\_\_\_

If school nurse maintains records, a signature of the nurse verifying that a physical has been completed and that no restrictions were noted.

DATE OF PHYSICAL \_\_\_\_\_

SCHOOL NURSE SIGNATURE \_\_\_\_\_