WORK PERMIT APPLICATION
STUDENT INSTRUCTIONS

~ PLEASE READ ALL INSTRUCTIONS VERY CAREFULLY! ~

Students must be 14 years of age to obtain a work permit.

- Fill out the **STUDENT/APPLICANT INFORMATION** at home and have your parent or guardian sign it. Include your city, state, and zip code on the address line!

- Have your employer complete the **PLEDGE OF EMPLOYER** *(the tax ID number is mandatory).*
  - **NOTE: *Words such as "VARIES" or "REPRESENTATIVE" are not accepted by the Department of Commerce.*** Your employer must use approximate numbers in boxes 1-4, knowing your schedule may fluctuate.

- Have your doctor complete the **PHYSICIAN'S CERTIFICATE** on page 2.
  - NOTE: A copy of a sports physical for the current school year can be used instead.

HIGH SCHOOL STUDENTS: Take the completed application to your Unit Guidance Office during regular school hours (7:30 a.m.-3:30 p.m.) for processing. (A copy of your birth certificate is already on file there.)

** Applications may also be processed at the Student Services Office at the Centerville Board of Education, 111 Virginia Avenue, Centerville 45458, 937-433-8841, Monday through Friday, 8:00 a.m.- 4:00 p.m.*
*You **must** bring a copy of your BIRTH CERTIFICATE or your PASSPORT if you go there.*

MIDDLE SCHOOL STUDENTS (14 and older)**:** Take the completed application and a copy of your BIRTH CERTIFICATE or PASSPORT to the Student Services Office at the Centerville Board of Education, 111 Virginia Avenue, Centerville 45458, 937-433-8841, Monday through Friday, 8:00 a.m.-4:00 p.m.

THE STUDENT MUST BE PRESENT TO SIGN THE WORK PERMIT!

.....

For each new job with a new employer, the student must present a new **PLEDGE OF EMPLOYER** portion to obtain a new permit. *The physician's certificate or sports physical must be within the same calendar year.*

- Students 14 and 15 years of age are required to have a work permit year round.
- Students 16 and 17 years of age are required to have a work permit on file if they are employed during the school year.
- Work permits will not be issued for 16 and 17 year olds for summer employment UNLESS required by the employer.

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 (Please include street address, city, state and ZIP code):

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 APPROXIMATE 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)

LAWS COM 0000 (Replaces Ohio Form II & III)

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: