

**INSTRUCTIONS FOR COMPLETING
AND OBTAINING A WORK PERMIT**

1. The top half of the front sheet of the Application for Minor Work Permit must be filled out by the student. Parent or guardian must sign and date this section.
2. Student's employer must fill out ALL sections of the bottom half of the front page. Even if the minor works a varied or irregular schedule, representative times MUST be entered in items 1 thru 4. **EMPLOYER'S TAX ID NUMBER (9 DIGITS) IS MANDATORY.**
3. The back page is to be filled out and signed by the student's physician. If the student has had a physical for a school sport within the last year, a copy of that form may be substituted.
4. When the student has ALL three of these sections completed, they are to bring ALL the forms along with their BIRTH CERTIFICATE to Tri-County North High School. We will make a copy of the birth certificate. **The student MUST be present to sign the work permit.**
5. If the student changes jobs, they must complete a new permit OR new Pledge of Employer form if the change is within the same year.
6. Work permits are now processed on-line and will take time to process while you wait. Please be patient and allow time.

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.

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.

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

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

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:

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

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"/>