

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Grade Level:

☐ Male ☐ Female

Age: Date of Birth:

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

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

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

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

① ② ③ ④

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:

Weight:

Color of Hair:

Color of Eyes:

ft. in.

lbs.

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: