

WORK PERMIT INSTRUCTIONS

PLEASE BE SURE YOU HAVE COMPLETED ALL OF THE FOLLOWING **BEFORE** TURNING IN YOUR APPLICATION. **THE SCHOOL WILL NOT ACCEPT UNSIGNED OR INCOMPLETE APPLICATIONS.**

NO PRIOR WORK PERMIT COMPLETED:

1. STUDENT/APPLICANT INFORMATION – This section should be completed by student/applicant and requires a parent signature.
2. PLEDGE OF EMPLOYER – This section should be completed by the employer and **MUST** include the Tax ID number (9 digits). Also, numbers 1-4 **MUST** be completed with **actual hours and times**. The use of “representative” or “varies” will **NOT** be accepted.
3. PHYSICIAN’S CERTIFICATE FOR MINOR WORK PERMIT – You are required to have a work physical UNLESS you have a *current* Athletic Physical on file. If so, a copy of your Athletic Physical will take the place of the work physical. It is your responsibility to get the copy from the Athletic Department.
4. PROOF OF AGE – You must also provide a copy of your birth certificate or driver’s license with your application. Again, it is your responsibility to get the copy.
5. Allow at least 24 hours for the work permit to be processed, and the student/applicant **MUST** be present to sign the completed work permit.

PRIOR WORK PERMIT COMPLETED:

If you have had a work permit issued through Hilliard Bradley High School, you do not need to complete steps 3 & 4.

Follow steps 1, 2, & 5.

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.

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 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

X

Signature of person authorized to sign for employer

Address of employer if different from minor's place of employment

Date signed

Telephone number

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:

| | | | | |
|----------------------|---|---------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> ft. <input type="text"/> in. | <input type="text"/> lbs. | <input type="text"/> | <input type="text"/> |
|----------------------|---|---------------------------|----------------------|----------------------|

Distinguishing Characteristics, if any:

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| <input type="text"/> |
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School District:

Building:

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| <input type="text"/> | <input type="text"/> |
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Parent or Guardian:

Parent or Guardian Telephone Number:

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| <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

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|----------------------|
| <input type="text"/> |
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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:

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