

East Holmes Local School District
6108 CR 77
Millersburg, OH 44654
Phone (330) 893-2610 Fax (330) 893-2838

**STUDENT INSTRUCTIONS FOR OBTAINING A
WORK PERMIT:**

-Please read carefully-

1. Fill out the attached **APPLICATION FOR MINOR WORK PERMIT**. Your parent(s) must sign where indicated.
2. Have your employer complete the **PLEDGE OF EMPLOYER** section. It is important that all fields are completed.
3. Have your physician complete the **PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT**. We will also accept a current athletic physical form in place of the physician's certificate.
4. Once the above has been completed, please contact the Superintendent's Office at 330-893-2610. Our normal business hours are Monday-Friday, 8:00am to 4:00pm. We recommend calling ahead to make sure the person that does the permit is in that day.
5. **The student must be present at the time of application.** Parents cannot sign the Work Permit for the student.
6. Please make sure you bring the following:
 1. **Application – with all 3 sections completed and signed**
 2. **Birth Certificate (original) or a valid Driver's License – for proof of age**
7. All sections must be completed and proof of age must be presented before a work permit will be issued.
8. Each change of employment requires a new work permit. If the new job is within a year of the work permit being issued, only a new employer card needs to be filled out and the work permit will be reissued.

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

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

LAWS COM 0000 (Replaces Ohio Form II & III)

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"/>
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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"/>