
STUDENT INSTRUCTIONS FOR OBTAINING A WORK PERMIT

1. Fill out the **STUDENT/APPLICANT INFORMATION** section. Your parent(s) must sign this section.
2. Have your Employer complete the **PLEDGE OF EMPLOYER** section. It is important that all fields are completed and it is signed.
3. Have your physician complete the **PHYSICIAN'S CERTIFICATION FOR MINOR WORK PERMIT** section.
*We will accept a copy of a current Athletic physical in place of the Physician's certificate.
This can be obtained by contacting Seger Bonifant, Athletic Director, at 330-893-2626.
4. Once the above sections have been completed, you will need to bring this form to the Superintendent's Office, located at the address above. Our normal business hours are Monday-Friday, 8:00 am – 4:00 pm. We recommend calling ahead to make sure the person that does the permit is in that day.
5. You will need to bring the following:
 - a. **Application – All 3 sections completed and signed.** If using your Athletic physical in place of the physician's certificate, please make sure you bring it with you.
 - b. **Birth Certificate (original) or valid Driver's License** – This is needed for Proof of Age.
A copy will be made and returned to you.
6. The **Student must be present** at the time of application. A parent cannot sign the Work Permit for the student.
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 one-year of the Work Permit being issued, only a new employer section 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:

Grade Level:

Male Female

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

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

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:

 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: