

PLEASE READ the following instructions.

General Information:

- A work permit is required for all minors, ages 14 through 17, who have obtained employment. When a student changes jobs or adds a job, he or she must obtain a new work permit. Once a minor turns 18 years old or graduates from high school, a work permit is no longer required.
- The student must bring the completed work permit application to Student Services at the Board of Education (Fordyce Building) **between the hours of 2:30 pm to 3:30 pm daily when school is in session**. When school is **not** in session, work permits will be issued between 8:00 am and 3:30 pm.
- The information on the attached application form will be entered into the Ohio Bureau of Wage & Hour Administration's website for work permits. Your official work permit will be printed from this website.
- Parents **MAY NOT** return the completed application for the student. The student must sign the final work permit.
- **Students who do not attend Euclid City Schools** will take their completed work permit application to the school where they are currently attending this includes charter schools, on-line schools, and private schools.

Application Form:

Once all of the information on the application form is completed, we will be happy to issue a work permit.

1. **Student/Applicant Information:** Be sure all of the information is complete including your parent's signature. You must bring one of the following: birth certificate, driver's license, or state ID to prove your name and birth date.
2. **Pledge of Employer Section:** Your employer must complete all fields in this section. The work permit cannot be issued without all of this information.
3. **Physician's Certificate Section (on the back):** A physician or other qualified personnel must complete and sign this section. The physician must include his or her address and phone number (**a business/office stamp is preferred**). Please make sure that the physician indicates "yes" or "no" under limitations.

A copy of your current sports physical is acceptable as long as it is within one year of the application. Physicals for previous work permits are good for one year.

If you have any questions about Ohio's Minor Labor Laws, please go to the Ohio Department of Commerce, Division of Labor & Worker Safety's website: www.com.state.oh.us.

Euclid City Schools, in following the above guidelines, is in compliance with the rules and regulations set forth by the Ohio Department of Employment Services, Division of Prevailing Wage, Minimum Wage and Minors. All of the above criteria must be met in order for students to receive a work permit. There are no exceptions to these rules.

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
(Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 CSC

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.

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:

X

Physician's Signature

Date Signed

LAWIS COM 0001 (Replaces OHIO FORM V)

A physician or other qualified personnel must complete and sign the above section. The physician must include his or her address and phone number. A business/office stamp is preferred.

Make sure the physician indicates "yes" or "no" under limitations.