APPLICATION

for Issuance of EMPLOYEMENT CERTIFICATE (WORK PERMIT)

STUDENT INFORMATION

Name: _____ **Date of Birth:** _____

Address: _____ **Social Security No.**_____

_____ **School:** _____

PARENT/GUARDIAN STATEMENT

As parent or guardian of the above named minor, I affirm that I have read the rules and regulations set forth by the Illinois Department of Labor concerning the employment of a minor child and hereby agree To ensure that the minor child complies with the rules and regulations that govern his/her employment.

_____ _____

(Signature) **(Date)**

EMPLOYER'S STATEMENT OF INTENT TO EMPLOY

COM PANY NAME:_____

ADDRESS: _____ **TELEPHONE:** _____

_____ **TYPE OF BUSINESS:** _____

STUDENT'S JOB TITLE & DESCRIPTION OF DUTIES: _____

STUDENT WILL WORK ____ SCHOOL DAYS PER WEEK , _____HOURS PER DAY.

STUDENT WILL WORK ____ NON-SCHOOL DAYS PER WEEK, _____HOURS PER DAY.

STUDENT WILL NOT WORK BEFORE 7:00 A.M. OR AFTER 7:00P.M. (9:00 P.M. JUNE 1-LABOR DAY.

SUMMER WORK ONLY ? _____YES _____NO ALCOHOL SERVED? ___YES _____NO

STATEMENT OF PHYSICAL HEALTH

I, The undersigned school or public health or public health official, hereby certify that the above named minor child has had a physical examination completed with the past year, that no physical restrictions were noted.

_____ _____ _____

(Signature of Health Official) **Title** **Date**

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