

EAST PALESTINE HIGH SCHOOL PROCEDURES FOR OBTAINING A MINOR WORK PERMIT

(Students age 14 – under age 18)

1. COMPLETE THE APPLICATION FOR MINOR WORK PERMIT

This form can be obtained from the high school office or from the district website.

- <u>Section One:</u> Student/Applicant Information- Complete this section along with Parent or Guardian signature and date.
- Section Two: Pledge of Employer The employer completes the bottom portion of the front page of this form. They must complete their section entirely and include their Tax ID number, which is required. They must enter days and times for a typical day and cannot enter "varies" or the form will be returned to be completed correctly. If days or hours will vary, they can check "Yes" in the appropriate box stating that these times are within limits of the law. The employer can contact the Ohio Department of Commerce with any questions at 614-644-2450.
- Section Three: Physician's Certificate for Minor Work Permit This section of the form must be completed entirely, signed and dated by your physician. Having a current physical on file with the Athletic Department will be accepted as completion of this section
- 2. Return completed forms to the high school office. Incomplete forms will be returned to the student to have missing information completed.
- 3. Please allow up to 48 hours to process your work permit with the Ohio Department of Commerce and for the printing of your Age and Schooling Certificate to give to your employer.
- 4. If a student changes jobs, the new employer will need to complete section two of the permit to obtain a new certificate listing them as the employer. You will also need to complete the physician section if your physical on file is more than a year old.

APPLICATION FOR MINOR WORK PERMIT

Proof of Age (Type of document): Age: Date of Birth: Physician's certificate: Submitted with this application Valid physician certificate on factorises of Student /Applicant: Building: Parent or Guardian: Parent or Guardian: Parent or Guardian: Parent or Guardian: 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 Signature of Parent or Guardian Date Signed THE BUILDINGS ON DAYS AND THE STORM STATEMENT OF DESCONSTRUED IN ANY WAY OR MANNER TO BE HIDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE. Address of Office PLEDGE OF EMPLOYER	Name of Student / Applicant in full:	Sex: Grade Level:	
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Address of employer if different from minor's place of employment LAWS COM 0000 (Replaces Ohio Form II & III)

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

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331,02 ORC

APPLICANT INFO	RMATION			
Name of Student / Applicant in	full:		Sex:	
Date of Birth: Distinguishing Characteristics,	Height: Weight: ft. in.	Color of Hair:	Color of Eyes:	
School District: Building: Parent or Guardian: Parent or Guardian Telephone Number:				
PHYSICIAN'S APP	PROVAL			
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		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		
IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX. Physician's Signature		If Marked YES; Employment should be Limited to Work Specified Below:		
Date Signed				

LAWS COM 0000 (Replaces OHIO FORM V)