



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.

- **Section One:** 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

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.

X

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.

X

Superintendent / Chief Administrative Officer / Designated Issuing Officer

East Palestine City School District

Name of Office

360 W. Grant St., East Palestine, OH 44413

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:

① ② ③ ④

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

Enter actual times and days – not "varies"

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

X

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:

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:

<input type="text"/>

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

<input type="text"/>

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"/>