

# LAKESWOOD CITY SCHOOLS

## QUICK REFERENCE GUIDE FOR OBTAINING WORK PERMITS

All students under the age of 18 who wish to be employed must have a work permit.

Students who desire to work part time must obtain a work permit from their house office OR the main office at Lakewood High School. Office hours are 7:30 a.m. to 3:30 p.m. Please allow 24 hours for processing your work permit.

Carefully review the accompanying APPLICATION FOR MINOR WORK PERMIT and PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT.

The student is responsible for completing the forms by securing accurate and complete information from his/ her parent, employer and physician.

Items of special importance:

- Parent, employer, and physician must sign and date the forms where the designated box (X) appears
- PLEDGE OF EMPLOYER section must be completed in its entirety
- PHYSICIAN'S CERTIFICATE must be completed in its entirety (including TAX ID Number)
- You must produce the original copy of our birth certificate if one is not on file

If time permits, your application for work permit will be processed electronically while you wait. Otherwise the application for work permit will be reviewed and signed to enable you to work. After the electronic filing has been completed, the form will be signed and mailed to your employer.

NOTE: You must complete this process every time you change jobs. If you are currently working more than one job, separate applications are required. Physical examinations are honored for one calendar year if you change employers within that period.

# 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 CRC  
4106.02 CRC

## APPLICANT INFORMATION

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.

**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: