LAKEWOOD 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

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full: ________________________________ Sex: ____________________

Grade Level: ____________________

Male ☐ Female ☐

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: ________________________________

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: ____________________

☐ 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)

LAWS COM 5005 (Replace Ohio Form 8 & 9)
PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

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:

[ ]