

# Request for Work Permit

**Work Permits are available in the high school counseling office or it can be downloaded from [lakelocal.org](http://lakelocal.org).**

**Students are to complete the top portion of the Application for Minor Work Permit and have a parent/guardian sign. DO NOT OBTAIN THE SUPERINTENDENT SIGNATURE. THE COUNSELING OFFICE WILL TAKE CARE OF THIS.**

**The student then takes the application to the employer and the employer fills out the Pledge of Employer section. Box 1 – 4 must be filled out completely. “Various” is not acceptable. Specific hours, days, starting time and quitting time need to be completed.**

**The student is required to obtain a Physician’s physical. Physicals are good for one year. If you have had a physical within one year, you may obtain a copy of it and attach it to the Application for Minor Work Permit.**

**Once everything has been completed, you must submit both forms to the high school counseling office for processing. There is a one-day turnaround time, except during summer hours. Students must then come back to the counseling office, sign the Work Permit and take it to their new employer.**

**If you have any questions, please see Mrs. Davidson or Mrs. Reynolds in the high school counseling office or email them at [davidsonkaren@lakelocal.org](mailto:davidsonkaren@lakelocal.org) / [reynoldstanya@lakelocal.org](mailto:reynoldstanya@lakelocal.org). The phone number is 330-877-4285 or the main office phone number is 330-877-4282.**

# APPLICATION FOR MINOR WORK PERMIT

3331 02 ORC  
4109 02 ORC

## 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.

X

Signature of Parent or Guardian

Date Signed

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

X

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

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

## 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

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:

 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: