

APPLICATION FOR MINOR WORK PERMIT

According to the Ohio Minor Labor Law
ORC Chapter 4109: Employment of Minors
Visit <http://codes.ohio.gov/orc/4109> for details.

Every minor AGE 14 – 17 must have a work permit.

The APPLICATION FOR MINOR WORK PERMIT is a prerequisite for the minor work permit.

The following information must be completed:

1. PROOF OF AGE

You must present documentation as **Proof of Age**. One of the following is acceptable: birth certificate (copy or original), State ID, or Driver's License.

2. STUDENT/APPLICANT INFORMATION

Must be filled out completely by the student or parent/guardian.

Requires the signature of a parent/guardian. Unsigned forms cannot be accepted.

3. PLEDGE OF EMPLOYER

Must be filled out completely by the employer and signed.

Please make sure the employer fills in the **MANDATORY EMPLOYER TAX IDENTIFICATION NUMBER**. **The work permit cannot be issued without a signature and TAX ID#.**

4. PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

Must be filled out, signed and **MUST BE STAMPED** by a physician/physician's office.

If you have a sports physical on file, you may request a copy from the Athletic Office (before or after school only).

Physicals expire after one (1) year.

The minor should RETURN THE COMPLETED APPLICATION WITH PROOF OF AGE to Bedford High School, Room C151 before school, after school, or in the case of students enrolled at Bedford High School during lunch periods. The designated school personnel will then issue the minor work permit based in part on the information contained on the pre-application. The minor must be present in order to sign the issued work permit.

☺ **REMEMBER – IF THE APPLICATION IS RETURNED INCOMPLETE AND/OR A BIRTH CERTIFICATE, STATE ID OR DRIVER'S LICENSE IS NOT PRESENTED . . .**

THE WORK PERMIT CANNOT BE ISSUED.

Thank you.

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

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:

①

Hours Per Day:

②

Starting Time:

③

Quitting Time:

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
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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: