WORK PERMIT APPLICATION			
Minor's Information:			
DateSocial Security Number			
Name: First	Middle	Last	
Address	City	State	Zip
Phone: Home	Cell	Work	
Parent/Guardian Name: First	Middle	Last	
Parent/Guardian Consent: I hereby give my consent to my child/			
agree to comply with the stated regula submitted.	tions and laws applicable to the	specific type of employm	nent for which this application is being
I give my permission to release any/al sub section (D) (4) deemed necessary defined under the Child Labor Laws of	in connection and for the sole p		ed Statues, Chapter 48. Sec. 31.12, obtaining an employment certificate as
Any description of a prior or existing be the basis for limiting the issuance of which is guaranteed under the Family	of the employment certificate sh	all not constitute a violation	ool district and/or student's physician, on of any right of a minor student
Parent/Guardian Signature: (to be signed in the presence of issuin		Date	e:
Labor Law. <u>Items required for verification of</u> • Copy of verification of age () • Copy of the student's physic of when minor applies for pe • Letter of intent from employe	<u>f information:</u> provide one: birth certificate, pa al or physician's note/letter stati rmit—the school physical on fil	ssport, baptismal record, o ng the minor is in good pl le is not valid include minor's job descr	Section 205/12 of the Illinois Child or hospital record) hysical condition dated within one year ription, <u>EXACT</u> hours of the day,
Employer Information (this is N	OT the employer verification	on of job letter):	
Company name:			
Address:	City:	State:	
Phone number:	Type of business:		-
Minor's job title/description:			
Minor will workschool d	ays per week andhou	rs per school day	
Minor will work hours on a	Saturday and/or	hours on Sunday	
Summer hours only (check): ()			Revised 6/04/15