

Fairview High School Work Permit Form Directions



Fairview High School
4507 W. 213th
Fairview Park, OH 44126,
Phone: 440.356.3500
Fax: 440.356.3529
www.fairviewparkschools.org

- You must obtain a job before you can apply for a work permit. Your employer will fill out the bottom half of **APPLICATION FOR MINOR WORK PERMIT**. Make sure that the **TAX ID NUMBER** is complete. This is a nine-digit number.
- You and your parents/guardian must fill out **APPLICATION FOR MINOR WORK PERMIT**. Do not forget the parent/guardian signature.
- Take the **PHYSICIAN'S CERTIFICATE** form to a doctor of your choice and have it completed by your doctor.
- When all three sections are completed, bring them back to the high school main office (Mrs. Lockwood) between 7:30 p.m. and 3:30 p.m. with proof of your age (birth certificate, drivers license or pass port). The **STUDENT MUST BE PRESENT** to sign the work permit.

APPLICATION FOR MINOR WORK PERMIT

STUDENT/APPLICANT INFORMATION

Student/Applicant Full Name: Male Female Grade:

Proof of Age (Type of Document): Age: DOB:

Physician's Certificate: Submitted with this Application Valid physician's certificate on file

Address of Student/Applicant:

School District: Building:

Parent/Guardian: Parent/Guardian Phone:

Address of Parent/Guardian:

I HEARBY 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

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

Signature of Parent/Guardian

Signature of Superintendent/Designated Issuing Officer

Date Signed:

Name 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.

Address/Phone:

PLEDGE OF EMPLOYER

Name of Firm: Phone at Minor's Work Location:

Address of Student/Applicant's Place of Employment:

Specific Nature of Employment:

Employer's Tax ID Number MANDATORY (9 digits):

1) No. Days Per Week: 2) Hours Per Day:
3) Starting Time: 4) Quitting Time:

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIME 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.

Date Signed: Phone:

Signature of Person Authorized to Sign for Employer

Address of Employer (if different from minor's place of employment):

E-mail Address:

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

APPLICANT INFORMATION

Student/Applicant Full Name: Male Female

DOB: HEIGHT: WEIGHT: HAIR COLOR: EYE COLOR:

Distinguishing Characteristics, if any:

School District: Building:

Parent/Guardian: Parent/Guardian Phone:

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.

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: