

## WORK PERMIT INSTRUCTIONS

(As required per the State of Ohio)

1. Students (age 14 – 17) wishing to be employed must have a work permit when school is in session.
2. The “Application for Minor Work Permit” must be filled out completely and have a parent or guardian’s signature. A BIRTH CERTIFICATION MUST BE PROVIDED IF STUDENT IS NOT ENROLLED IN FAIRFIELD SENIOR HIGH SCHOOL, FAIRFIELD FRESHMAN SCHOOL OR FAIRFIELD MIDDLE SCHOOL.
3. Employer must complete and sign the “Pledge of Employer” form. ALL areas must be completed. Complete the mailing address area including zip code and telephone number. TAX IDENTIFICATION NUMBER MUST BE 9 DIGITS. Must have numbers for days worked, hours per day, starting time and ending time. “Varies” is not acceptable.
4. The “Physician’s Certificate” form must be completed and signed by physician’s office. A physical is good for one (1) year from the date it was performed, so a new physical will not be needed within that time period. However, this portion of the form must be completed and dated by the physician’s office and stamped with their complete address and phone number each time a new permit is issued. (A copy of a current athletic physical form, when verified by the school athletic department, is the only exception. Please contact your school’s athletic department by either calling or stopping by the office as a 24-hour notice is required.)
5. When the entire “Work Permit Application” is completed, the application must be processed at Fairfield Senior High School, 8800 Holden Blvd. Office hours are 7:30 AM – 3:30 PM Monday through Friday throughout the school year, however, please avoid the lunch hour. A work permit will be issued (one copy for the student’s employer and one copy is keep on file at the High School).
6. A student age 16 or 17 working only in the summer months will not need to have a work permit. (This is for summer employment only.)
7. If you have any questions, please call Fairfield Senior High School at 942-2999 between the hours of 7:30 AM and 3:30 PM, Monday through Friday.

Revised June 2011

# 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: \_\_\_\_\_ Zipcode: \_\_\_\_\_

School District: \_\_\_\_\_ Building: Vocational Student Yes No

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:
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

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

\_\_\_\_\_ 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)

Must have numbers for days worked, hours per day, starting time and ending time. Varies is not acceptable.