

# WORK PERMIT Instructions

**\*\*\*\*READ ALL INSTRUCTIONS CAREFULLY\*\*\*\***

1. The application has 3 sections. YOU MUST FILL THEM OUT COMPLETELY!!!
  - a. **Student/Applicant Info** - ALL sections MUST be completed including a Parent/Guardian signature.
  - b. **Pledge of Employer** - ALL sections MUST be completed by your employer **including Tax ID #.**
  - c. **Physician's Certificate** - ALL sections completed with Physician's Approval **OR** Attach a copy of your child's physical **OR** if you have a physical in FINAL FORMS, you do NOT need to fill out this section.

Once all 3 sections are complete, email your WORK PERMIT application to Mrs Brofford ([broffordb@gjps.org](mailto:broffordb@gjps.org)) or bring it to the Counseling Office for processing. Your application will be processed through the State of Ohio and your certificate of employment will be emailed to you or it will be available for pick up the next business day. THANKS!

Gahanna Lincoln H.S.  
140 S Hamilton Road  
Gahanna OH 43230  
Counseling Office 614-478-5508

# 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.

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.

N/A

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Guidance Office

Name of Office

140 S Hamilton Rd Gahanna OH 43230

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:

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

Address of employer if different from minor's place of employment

Date signed

Telephone number

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:

<input type="text"/>	<input type="text"/> ft. <input type="text"/> in.	<input type="text"/> lbs.	<input type="text"/>	<input type="text"/>
----------------------	---	---------------------------	----------------------	----------------------

Distinguishing Characteristics, if any:

School District:

Building:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Parent or Guardian:

Parent or Guardian Telephone Number:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

## 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:

<input type="text"/>
<input type="text"/>
<input type="text"/>

LAWS COM 0900 (Replaces OHIO FORM V)

Have your physician fill out this entire page

OR

Attach a copy of your child's physical, dated within 12 months of this application