APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC 4109.02 ORC

Name of Student / Applicant in full:	Sex: Grade Level:
	Male Female
Proof of Age (Type of document): Age: Da	ate of Birth: Physician's certificate:
	Submitted with this application valid physician certificate on file
Address of Student /Applicant:	ans application — certificate on in
	Duilding
chool District:	Building:
Parent or Guardian:	Parent or Guardian Telephone Number:
ddress of Parent or Guardian:	
HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND ELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOF LAMED ABOVE WILL WORK WITH MY APPROVAL.	I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED TH ABOVE NOTED DOCUMENTARY PROOF OF AGE.
K see T see T see S	X
Signature of Parent or Guardian	Superintendent / Chief Adminstrative Officer / Designated Issuing Office
	STATE OF STA
Date Signed HE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL ERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN	Name of Office
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER ND THE EMPLOYEE.	
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER ND THE EMPLOYEE.	Address of Office
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER	Address of Office
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER	Address of Office
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm:	Address of Office Telephone Number at Minor's Work Location
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER Jame of Firm:	Address of Office Telephone Number at Minor's Work Location
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER ND THE EMPLOYEE.	Address of Office Telephone Number at Minor's Work Location
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work L pecific Nature of Employment:	Address of Office Telephone Number at Minor's Work Location
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work L	Address of Office Telephone Number at Minor's Work Location ocation: IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER YES
AND THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work Legelific Nature of Employment: mployer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY	Address of Office Telephone Number at Minor's Work Location ocation: IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER PREPRESENTATIVE* TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE NO
AT WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work L pecific Nature of Employment: mployer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY	Address of Office Telephone Number at Minor's Work Location ocation: IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS
AT WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER NO THE EMPLOYEE. PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Student /Applicant's Place of Employment, Job Site, or Work Leaders of Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY Do. of Days Per Week: Hours Per Day: Starting Time: Quite Control of Contro	Address of Office Telephone Number at Minor's Work Location ocation: 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? TE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE O GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE IVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICAT PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH I
PLEDGE OF EMPLOYER ame of Firm: ddress of Student /Applicant's Place of Employment, Job Site, or Work Lepecific Nature of Employment: mployer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY o. of Days Per Week: Hours Per Day: Starting Time: Qui Applicant of Employment Starting Time: Qui Decific Nature of Employment: Starting Time: Qui Applicant of Employment Starting Time: Qui Tim Sec. 4109.42 ORC. THE EMPLOYER FURTHER AGREES TO EMPLOY THE ABOUMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO EMPLOYER THE EMPLOYER THE EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER THE EMPLOYER. THE EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER THE EMPLOYER. THE EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER AGREES TO EMPLOYER. THE EMPLOYER AGREES TO EMPLOYER. THE EMPLOYER AGREES TO E	Address of Office Telephone Number at Minor's Work Location ocation: IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER PREPRESENTATIVE* TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE NO

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC

	Name of Student / Applicant	in full:				Sex:
Date of Birth: Height: Weight: Color of Hair: Color of Eyes: ft. in. lbs.	Tame or otacont / Applicant	The following state of	:			
PHYSICIAN'S APPROVAL THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THROUGHLY 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		J- dames [7] say [7] [.				Male Femal
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 THROUGHLY 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 HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below: X	Date of Birth:	Height:	Weight:	Color of Hair:		Color of Eyes:
Chool District: Building: Parent or Guardian Telephone Number PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO ASS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT ITHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF MY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:		ft. in.	lbs.			
PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO IAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT INTHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. Parent or Guardian Telephone Number 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:	stinguishing Characteristics	s, if any:				
PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO IAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT INTHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. Parent or Guardian Telephone Number 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:						
PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT IT THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. IT Marked YES; Employment should be Limited to Work Specified Below:	chool District:		Build	ling:		
PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO AS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT ITHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:						
PHYSICIAN'S APPROVAL HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HOUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT INTHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. INTHEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. IT Marked YES; Employment should be Limited to Work Specified Below:	arent or Guardian:				Parent or	Guardian Telephone Number:
HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE ESCRIPTION GIVEN HEREON, AND THAT SAID PERSON; IS IS NOT I THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. IN OTE: 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:					7	
HE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO VAS 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 INY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. 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:						
THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO TWAS 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 THIS AGE AND SEX. IN THE 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:						
HROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE JESCRIPTION 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 HIS AGE AND SEX. 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:	DUVSICIAN'S AD	PROVAL				
ACCORDINGLY IN THE AREA BELOW. ACCORDINGLY IN THE AREA BELOW. Limited Certificate: YES NO THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:	PHYSICIAN'S AP	PROVAL				
Limited Certificate: YES NO I THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:	HE UNDERSIGNED HEREI	BY CERTIFIES THAT THEY HAVE	NOI	E; IF WORK SHO	ULD BE LIMITE	ED TO A CERTAIN TYPE OF
I THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH IAS BORN ON THE DATE S	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WH STATED ABOVE, AND WHO MEETS	O EMF	LOYMENT, THE F	HYSICIAN MU	ST MARK THIS FORM
NY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH IAS BORN ON THE DATE S	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON;	THE ACC	PLOYMENT, THE F CORDINGLY IN TH	HYSICIAN MU	ST MARK THIS FORM
HIS AGE AND SEX. If Marked YES; Employment should be Limited to Work Specified Below:	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH VAS BORN ON THE DATE S ESCRIPTION GIVEN HERE	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON;	THE ACC	PLOYMENT, THE F CORDINGLY IN TH	HYSICIAN MU E AREA BELO	IST MARK THIS FORM W.
X	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH VAS BORN ON THE DATE S JESCRIPTION GIVEN HEREI IS THEIR OPINION PHYSICA	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON; IS NOT ALLY FIT TO PERFORM THE WORK	THE ACC	PLOYMENT, THE F CORDINGLY IN TH	HYSICIAN MU E AREA BELO	IST MARK THIS FORM W.
	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH IAS BORN ON THE DATE S ESCRIPTION GIVEN HERE IS I THEIR OPINION PHYSICA NY EMPLOYMENT NOT FO	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON; IS NOT ALLY FIT TO PERFORM THE WORK	OF OF If M	PLOYMENT, THE FOORDINGLY IN THE ted Certificate:	HYSICIAN MUE AREA BELO	ST MARK THIS FORM W.
Privsician's Signature	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH IAS BORN ON THE DATE S ESCRIPTION GIVEN HERE IS I THEIR OPINION PHYSICA NY EMPLOYMENT NOT FO	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON; IS NOT ALLY FIT TO PERFORM THE WORK	OF OF If M	PLOYMENT, THE FOORDINGLY IN THE ted Certificate:	HYSICIAN MUE AREA BELO	ST MARK THIS FORM W.
3.32 ip-socito/	HE UNDERSIGNED HEREI HROUGHLY EXAMINED TH IAS BORN ON THE DATE S ESCRIPTION GIVEN HERE IS I THEIR OPINION PHYSICA NY EMPLOYMENT NOT FO	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON; IS NOT ALLY FIT TO PERFORM THE WORL ORBIDDEN BY LAW TO A PERSON	OF OF If M	PLOYMENT, THE FOORDINGLY IN THE ted Certificate:	HYSICIAN MUE AREA BELO	IST MARK THIS FORM W.
	THE UNDERSIGNED HEREITHROUGHLY EXAMINED THOMAS BORN ON THE DATE SECRETION GIVEN HEREIT IS IS IN THEIR OPINION PHYSICANY EMPLOYMENT NOT FOTHIS AGE AND SEX.	BY CERTIFIES THAT THEY HAVE HE ABOVE NAMED APPLICANT WHO STATED ABOVE, AND WHO MEETS EON, AND THAT SAID PERSON; IS NOT ALLY FIT TO PERFORM THE WORL ORBIDDEN BY LAW TO A PERSON	OF OF If M	PLOYMENT, THE FOORDINGLY IN THE ted Certificate:	HYSICIAN MUE AREA BELO	IST MARK THIS FORM W.

LAWS COM 0000 (Replaces OHIO FORM V)