Work Permits

The school you attend issues work permits directly to you by filing them online and printing a copy for you to take to your employer.

To get a work permit you will need to bring the following:

1. The completed Application for Minor Work Permit (includes Pledge of Employer at the bottom). The only area that should be left blank is the superintendent’s signature verifying the proof of age.

2. Proof of age as follows: a certified copy of your birth certificate, a passport, driver’s license, state ID, or religious (i.e. baptism) record. A signed statement from a parent is not sufficient.

Bring these items to David Gillespie and he can issue you a Work Permit by the next day, provided all forms are in compliance with the law.

You should also be aware of the restrictions on hours of employment, as follows.

If you are 14 or 15 years of age, you may not be employed:
- during school hours (at Hawken, that’s 8:10 am until 3:17 pm)
- before 7:00 am
- after 7:00 pm from September 1 through June 1 or after 9:00 pm from June 1 through September 1 or during two-week vacations
- for more than three (3) hours a day in any school day
- for more than eighteen (18) hours in any week in which school is in session
- for more than eight (8) hours a day in any day that is not a school day
- for more than forty (40) hours in any week in which school is not in session

If you are 16 or 17 years of age, you may not be employed:
- before 7:00 am, unless you did not work after 8:00 pm the night before, in which case you may work beginning at 6:00 am
- after 11:00 pm on any night preceding a day that school is in session
APPLICATION FOR MINOR WORK PERMIT

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 ____________________________

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 ____________________________

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)

LAWS.COM 0000 (Replaces Ohio Form II & III)