

DUBLIN CITY SCHOOLS
INSTRUCTIONS FOR OBTAINING A WORK PERMIT

1. The attached application is NOT a permit to go to work. It must be completed properly and returned to your school Guidance Office. If your school is closed for the day, please present this information to the DCS Central Office at 5175 Emerald Parkway, Dublin, OH 43017.
2. Each time you change jobs you will need a new work permit.

Completion of Application for Minor Work Permit:

1. **Student / Applicant Information** – This part must be ***completed in its entirety*** and ***signed by the applicant's parent or guardian***. The school's 'Designated Issuing Officer' will sign in the lower right-hand corner by the "X" and will fill in the office address.
2. **Pledge of Employer** – This part must be ***completed in its entirety*** and ***signed by the employer***. If the student works a varied or irregular schedule, sample hours for one day **MUST** be entered in order for the work permit to be processed. The Employer's Tax ID Number must be filled in or the work permit cannot be processed.
3. **Physician's Certificate for Minor Work Permit** – The Physician's Certificate **MUST** be completed in its entirety and signed by the physician. ***Please make sure the physician also puts his/her stamp on the form or an office telephone number***. If the student has a current physical on file within the past year, that can be used in lieu of the Physician's Certificate being completed. The current physical must be attached to the work permit.
4. Ohio Law requires proof of age for the issuance of a full-time or part-time work permit. The applicant must present ***ONE of the following*** to the school office when the work permit card is turned in for processing:
 - Birth Certificate
 - Passport
 - Baptismal Record
 - Hospital Birth Registration

Processing of Work Permit Card:

1. The completed work permit application is sent to the Records Compliance Office at Central Office for processing.
2. Once the work permit ("Age and Schooling Certificate") has been prepared by the Records Compliance Office, it will be returned to the appropriate school for signature by the applicant. The applicant must appear in person before a designee for the school to sign his / her name under "Signature of Minor". The school designee must then sign his / her name under "Countersignature".
3. The school will then make a copy of the signed Age and Schooling Certificate and will send the original to the employer. The copy of the Age and Schooling Certificate will be attached to the work permit card and filed in the school Guidance Office.

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.

X

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.

X

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:

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

X

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)

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:

 ft. in. lbs.

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 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.

X

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: