

CHECKLIST



SANDUSKY CITY SCHOOLS WORK PERMIT INSTRUCTIONS



- ___ 1. All Sandusky Schools students must obtain an "Application for Minor Work Permit" at the Sandusky City Schools Administration Building, 407 Decatur Street or online at www.scs-k12.net/Forms1.aspx
- ___ 2. Students must obtain a current (valid for 1 week) printout of their year-to-date attendance and tardy report from their respective school or Administration Building and present it when making application. NOTE: Students with more than 10 absences must be approved by the Superintendent or designee.
- ___ 3. Student and Parent/Guardian must complete and sign the "Student/Applicant Information" section (on back) of the "Application for Minor Work Permit."
- ___ 4. Student and Parent/Guardian are responsible to have the "Physician's Certificate for Minor Work Permit," (below) completed by a physician. A previous Physician's Certificate, current within one (1) year, and on file at the Administration Building, is valid for use with Work Permits.
- ___ 5. Employers need to fill out the "Pledge of Employer" section (on back) of the "Application for Minor Work Permit." All sections must be completely filled out or the permit will be returned to the student and no work permit will be issued.
- ___ 6. Age verification must be provided with application. (Ex: Birth Certificate, Driver's License, State ID, School ID, etc.)
- ___ 7. The completed application, age verification, and attendance report are to be returned to the Administration Building any business day Monday through Friday. Permits hours: 7:30 A.M. to 8:15 A.M. and 3:30 P.M. to 4:00 P.M. No Work Permit will be issued during school hours. Non-school day hours may vary, see posted hours. The **STUDENT** may need to return the later in the day or the next day to pick up the Work Permit. There may be a 24 hour wait for a work permit. **A parent/guardian need not be present to complete the work permit.**
- ___ 8. Have you had a Work Permit previously? ___ Yes ___ No (Please check one)

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: _____ ft. _____ in. Weight: _____ lbs. Color of Hair: _____ Color of Eyes: _____

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:

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.

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:

①

②

③

④

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)