

AKRON PUBLIC SCHOOLS

Work Permit Instructions

Students must turn in a work permit application form, IN PERSON, for each job.
(Student signature required to be on file in work permit office.)

- Step 1 Student obtains an **Application for a Minor Work Permit**.
- Step 2 The Parent/Guardian fills out the section marked, "**Student/Applicant Information**" and signs at the X.
- Step 3 The student takes the **Application for Minor Work Permit** to the job interview. If hired, the Employer fills out section marked, "**Pledge of Employer**".

The employer **must** provide the **Tax I.D. Number**. This field is mandatory to complete the electronic work permits.

Employers **MAY NOT** use the word '**varies**'. This option is not available on the Website. Employers can no longer indicate employment hours as 2-6 hours per day. Hours must be **one number only**.

- Step 4 If the student has never turned in a work permit application in the Akron District, the student **must** obtain a physical with the first work permit only.
- Note:** If a work permit is on file in the Akron District, skip #5, #6, #7, and go to #8.
- Step 5 The Physician will complete the section, "**Physician's Certificate for Minor Work Permit**" on the back of the application. The work permit office will accept a sports physical that is under one year old.
- Step 6 If needed, call the work permit office at 330-761-2738 and make an appointment for a physical exam. Appointments must be made in advance. On the day of the appointment, go to The Sports Health & Rehab Center of Children's Hospital at 215 W. Bowery St – Suite #7300, Akron, OH 44308. Student obtains a physical with **FIRST** work permit only.
- Step 7 If this is the student's **first** work permit, the student **must** bring one of the following to the Board of Education:
a) Birth certificate, b) State ID, c) Driver's license
- Step 8 **THE STUDENT** will then bring the completed **Application for Minor Work Permit** with the completed **Physician's Certificate** to the work permit office at the Board of Education, 70 North Broadway, Akron OH 44308, between 8:00 a.m. – 5:00 p.m., Monday thru Friday.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.42 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full: Sex: Male Female Grade Level:

Proof of Age (Student Services ONLY) Age: Date of Birth: Physician's certificate: Submitted with this application Valid physician's certificate on file

Address of Student / Applicant:

School District: School 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 AND STUDENT OCCUPATION:

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

one digit per box

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)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4108.02 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"/>	ft.	in.	<input type="text"/>	lbs.	<input type="text"/>	<input type="text"/>
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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:

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

LAWS COM 0000 (Replaces OHIO FORM V)

PHYSICIANS: Please use company stamp when completing work permit application.

THE WORK PERMIT OFFICE WILL ACCEPT A DATED COPY OF A SPORTS PHYSICAL FROM YOUR SCHOOL. THE PHYSICAL MUST BE DATED AND CANNOT BE OVER A YEAR OLD.

STUDENT:

IS THIS JOB REQUIRED TO BE ENROLLED IN A VOCATIONAL PROGRAM? Yes No

X _____

Student Signature

Only student may return this application to the Work Permit Office.

3-3-04