REYNOLDSBURG CITY SCHOOLS

**WORK PERMIT APPLICATION INSTRUCTIONS**

The Superintendent or designee will sign this application **AFTER** it is completed by the parent, employer, and physician’s office. The application may then be turned into the School Board Office on Main Street. Student needs to bring their birth certificate or passport. The work permit will then be issued to the student.

STUDENTS MUST ATTEND REYNOLDSBURG CITY SCHOOLS (EITHER AS RESIDENTS OR OPEN ENROLLMENT STUDENTS) TO OBTAIN A WORK PERMIT FROM OUR SCHOOL BOARD OFFICE.

Ohio law states that all employed minors between the ages of 14 and 18 must have a work permit on file with the school district they attend. Our district is required to process work permits through the Ohio Department of Commerce. A new work permit is required each time students change their place of employment. Once students turn 18, they no longer need a work permit even though they are still a student. The system will not allow us to enter information for 18 year olds.

PLEASE FOLLOW THESE STEPS:

1. **COMPLETE APPLICATION (BOTH SIDES) BEFORE TURNING IN TO**:

Reynoldsburg City Schools’ Board Office

7244 East Main Street

 Reynoldsburg, Ohio 43068

 (614) 501-1020

Monday-Friday 8:00 a.m. – 4:30 p.m.

1. **ALL 3 SECTIONS OF THE APPLICATION MUST BE COMPLETED BEFORE THE PERMIT CAN BE ISSUED**
2. Pages 1 & 2 - Student information (including parent signatures)
3. Page 1 - Employer information (including employer’s Tax ID number and approximate days and hours of work schedule)
4. Page 2 - **Current physical is required**. **Students must have their doctor’s office sign the “physician’s approval” section** of the form. If students change jobs, they will need to complete another application (1st page only if their physical is current). If the physical we have on file is current, we will make a copy of their doctor information as well as their birth certificate from their previous application. Physicals expire one (1) year after the date of student’s doctor visit. If physicals have expired when applying for a new place of employment, students will need to schedule another appointment with their doctor or get a physical from any of the mini clinics. The form will need to be signed and/or stamped by the doctor’s office.
5. **STUDENTS:**  must bring in their application **THEMSELVES** so they can sign the permit that is issued by our school board office. Parents do not need to accompany their student, but parent signatures are required on both pages of the form.
6. **PROOF OF AGE**: must provide birth certificate, hospital certificate, baptismal record, or passport. One proof is required. The Ohio Department of Commerce **DOES NOT** accept driver’s license, social security card, or state I.D. as proof of age.

 3331.02 ORC

#  APPLICATION FOR MINOR WORK PERMIT 4109.02 ORC

Name of Student / Applicant in full:

Date of Birth:

Address of Student /Applicant:

Age:

Sex:

Male

Female

Grade Level:

**PLEDGE OF EMPLOYER**

Name of Firm:

Address of Student /Applicant’s Place of Employment, Job Site, or Work Location:

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.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE

ABOVE NOTED DOCUMENT

ARY PROOF OF AGE.

Signature of Parent or Guardian

Date Signed

Proof of Age (Type of document):

Physician’s certificate:

Valid physician’s

certificate on file

Submitted with

this application

Superintendent / Chief Adminstrative Officer / Designated Issuing Officer

Name of Office

Address of Office

Telephone Number at Minor’s Work Location:

**STUDENT / APPLICANT INFORMATION**

**X**

**X**

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.

Specific Nature of Employment:

No. of Days Per Week:

Hours Per Day:

Starting Time:

Quitting Time:

IF MINOR WORKS A VARIED OR

IRREGULAR SCHEDULE, ENTER

“REPRESENT

ATIVE” TIMES IN

ITEMS 1 THRU 4. ARE HOURS

TO BE WORKED WITHIN THE

LIMITS OF THE LAW?

**4**

YES

NO

**3**

**2**

**1**

Employer’s Tax ID Number (9 digits). THIS FIELD IS MANDATORY

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

Telephone number

Date signed

**X**

 Address of employer if different from minor’s place of employment E-Mail address

LAWS COM 0000 (Replaces Ohio Form II & III) (Optional- if employer wants notification in case of revocation)

 **PHYSICIAN’S CERTIFICATE FOR MINOR WORK PERMIT** 3331.02 ORC

4109.02 ORC

Name of Student / Applicant in full:

Date of Birth:

Distinguishing Characteristics, if any:

Sex:

Male

Female

**PHYSICIAN’S APPROVAL**

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

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;

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF

EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM

ACCORDINGLY IN THE AREA BELOW.

Physician’s Signature

Date Signed

IS NOT

IS

Limited Certificate:

If Marked YES;

Employment should be Limited to W

ork Specified Below:

**APPLICANT INFORMATION**

Height:

Weight:

Color of Hair:

ft.

in.

lbs.

Color of Eyes:

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF

ANY EMPLOYMENT NOT FORBIDDEN BY LA

W TO A PERSON OF

THIS AGE AND SEX.

**X**

YES

NO

LAWS COM 0000 (Replaces OHIO FORM V)