

KETTERING CITY SCHOOLS

Work Permit Office • Board of Education Bldg. • 3750 Far Hills Ave. • Kettering, OH 45429 • Phone 499-1434

Work Permit Office Hours: Monday – Friday 7:45am – 4:15pm

STUDENT WORK PERMIT APPLICATION INSTRUCTIONS

1. The student should complete the section labeled "Student/Applicant Information."
2. Have your Parent or Guardian sign and date the application where indicated.
3. Have your Employer complete the section labeled "Pledge of Employer."
4. Have your Physician complete the section labeled "Physician's Certificate for Minor Work Permit."
5. Students must ***personally*** bring the completed application **along with proof of age** to the Work Permit Office at the Board of Education. For proof of age, you may use a Birth Certificate, Ohio State ID, Ohio Driver's License or Temps. This document will be returned to you. **It is the student's responsibility to make sure all parts of the application are completed before bringing it to the Board of Education to have the actual work permit issued.** All information on the work permit application ***must be completed*** as the computer program will not allow the work permit to be issued if information is missing.
6. For each new job with a new employer, the student must complete a new work permit application. However, if the date of your physical from a previous work permit is not over a year old, this section need not be completed by your doctor again. If you are unsure of the date of your last work permit physical, please call 499-1434.
7. Kettering City Schools will only issue work permits to students residing in the Kettering City School district. Students living in other school districts must obtain their work permit from that district.

APPLICATION FOR MINOR WORK PERMIT

STUDENT/APPLICANT INFORMATION – Please print		3331.02 ORC, 4109.02 ORC
Name of minor student:	Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:	Zip Code:	Phone:
School Attending:	Present Grade or Highest Grade Completed:	

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:

Print Parent/Guardian Name:	Parent/Guardian Signature:	Date:

FOR OFFICE USE ONLY:

Proof of Age Provided :

- Birth Certificate
- OH Driver's License or Temps
- School Record
- Other

Signature of School District Issuing Agent Verifying Proof of Age:

X _____ Date: _____

**EMPLOYER AND PHYSICIAN MUST
COMPLETE SECTIONS ON BACK**

PLEDGE OF EMPLOYER

3331.02RC, 3331.06RC, 4109.42RC, 4100.99RC

ATTENTION EMPLOYERS: All blanks of the Pledge of Employer section must be completed in order for the work permit to be processed/issued.

Employer (Firm Name):

Employer Phone:

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Address of Employer:

City:

State: Zip Code:

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Employer's Tax ID # (9 digits):

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Type of Industry (retail, manufacturing, restaurant, etc.):

Student's Job Title (type of work):

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Work Hours – THIS SECTION MUST BE COMPLETED –If the student has not yet been assigned a regular work schedule or if the student's work schedule will vary, enter times that are similar to what the student's actual work schedule will be:

Days Per Week:

Hours Per Day:

Typical Starting Time:

Typical Quitting Time:

1.	2.	3.	4.
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Summer only?

Weekends Only?

Part-Time or Full Time Hrs?

Are hours to be worked within limits of the law?

Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	PT: <input type="checkbox"/>	FT: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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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 ISSUING OFFICER WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES.

Signature of person authorized to sign for employer:

Date of Signature:

Phone:

X		
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PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02RC, 4109.42RC

Name of Student/Applicant:

Date of Birth:

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Sex:

Height:

Weight:

Hair Color:

Eye Color:

Male: <input type="checkbox"/>	Female: <input type="checkbox"/>			
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Distinguishing Characteristics, if any:

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The undersigned certifies to have thoroughly examined the above named minor 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 his/her age and sex.

Indicate any employee work limitations here: _____

Physician's Signature:

Date Signed:

X	
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