

APPLICATION FOR WORK PERMIT

The following items are **REQUIRED** for verification of information under the State of Illinois Child Labor Law (820 ILCS 205/) – **NO EXCEPTIONS CAN BE MADE:**

1. Birth certificate or passport
2. Social Security Card
3. Letter of Intent to Employ from prospective employer (or signed statement on reverse side)
4. Physical exam dated within one year of the date you are applying for work permit
5. IL Department of Labor Principal's Statement form verifying minor is receiving satisfactory academic progress to work part-time (required during the school year September 1-June 1)
6. **Both parent/guardian and minor must be present at the time this application is filed as REQUIRED under section 205/12. of the State of Illinois Child Labor Law**

IMPORTANT: Please refer to the State of Illinois Child Labor Law 820 ILCS 205/7 for the list prohibited hazardous occupations for which minor work permits may not be issued, including but not limited to ANY establishment in which alcoholic beverages are served or sold.

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APPLICANT INFORMATION

Date: _____ Minor's Social Security Number: _____ - _____ - _____

Minor's Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Grade/Year in School: _____

Date of Birth: _____ State of Birth: _____ City of Birth: _____ County of Birth _____

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SCHOOL INFORMATION

School Name: _____

Address: _____

City, State, Zip Code: _____

County: _____ Phone Number: _____

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STATEMENT OF PHYSICAL FITNESS

Name of student: _____

If school nurse maintains records, a signature of the nurse is acceptable verification that a physical has been completed and that no restrictions were noted. If the school nurse is not available, a doctor's signature is required.

Date of Physical: _____ Examining Doctor's Name: _____

Signature of School Nurse/Doctor: _____

NOTE: Supplying incorrect or improper information on this application shall constitute a Class "C" misdemeanor pursuant to the laws of the State of Illinois.

EMPLOYER'S STATEMENT

Employer Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

I would like to employ (applicant name) _____

He/She will work as (job description) _____

for _____ hours on school days and _____ hours on weekends during the school year

and/or _____ weekday hours and _____ weekend hours during the summer.

This is summer work only YES NO

I hereby certify that alcohol is NOT served or sold on our premises.

Employer's Name (please print): _____

Employer's signature: _____ Dated _____

NOTE: Students attending school are allowed to work three (3) hours on school days and not after 9:00pm, and eight (8) hours on both Saturday and Sunday. The above named student shall not engage in any activity prohibited by any statute, rule, or regulation of the State of Illinois Child Labor Law (820ILCS 205/).

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CONSENT OF PARENT/GUARDIAN

I hereby give my consent to my son/daughter or ward to engage in part-time employment at the above-referenced firm and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

I hereby give Township High School District 214 permission to release any and all medical report information commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, sub-section (d) (4), it deems necessary in connection and for the sole purpose of my child or ward obtaining an employment certificate as that term is defined under the Child Labor Laws of the State of Illinois.

Any description of a prior or existing physical condition which may, in the judgment of the School District and/or student's physician, be the basis for limiting the issue of the employment certificate shall not constitute a violation of any right of a student that is guaranteed under the Family Educational Right to Privacy Act.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Dated: _____

Please allow up to 3 business days to process your Work Permit Application