

# **XHS WORK PERMIT**

## **STUDENT/PARENT INSTRUCTIONS FOR OBTAINING – PLEASE READ ALL INSTRUCTIONS**

1. Your **Parent/Guardian** must complete and sign the “Student/Applicant Information” portion of the Application for Minor Work Permit form.
2. Your **Employer** must complete the “Pledge of Employer” portion of the Application for Minor Work Permit form. The Employer must include its Employer Tax ID Number (9 digits). This is mandatory.
3. Your **Physician** must complete the “Physician’s Certificate for Minor Work Permit” portion of the Application for Minor Work Permit form.

**Also Note:** A Sports Physical form can be submitted in lieu of having the “Physician’s Certificate” portion of the Application being completed by the Physician. The Sports Physical must be dated one year or less from the date of submission of the Application for Minor Work Permit to Xenia High School.

To obtain a copy of the Sports Physical, please report to the Athletic Trainer’s Office (located in the Athletic Director’s office in the blue building behind the Xenia High School in the staff parking lot) – immediately following the end of the school day at 2:23 p.m.

4. **Any one of the following options of identification for the student must be submitted with the completed Application:**

Birth Certificate/Record  
Driver’s License  
Insurance Policy  
Passport  
Probate Court Record  
Religious Record

5. The completed Application For Minor Work Permit and student identification noted above must be submitted to the Main Office at Xenia High School at 303 Kinsey Road, Xenia, Ohio. This Application must be properly completed to enable a Work Permit to be submitted to the State of Ohio for approval.
6. A new Work Permit must be issued with each change of employment.
7. Two simultaneous Work Permits can only be issued with the prior approval of the Xenia Community Schools’ High School Principal and District Superintendent.

# 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:

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)

# 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:

Weight:

Color of Hair:

Color of Eyes:

 ft.  in. lbs.

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: