

APPLICATION
for Issuance of **EMPLOYMENT CERTIFICATE (WORK PERMIT)**

STUDENT INFORMATION

Name: _____ Date of Birth: _____
Address: _____ Social Security No. _____
_____ School: _____

PARENT/GUARDIAN STATEMENT

As parent or guardian of the above named minor, I affirm that I have read the rules and regulations set forth by the Illinois Department of Labor concerning the employment of a minor child and hereby agree To ensure that the minor child complies with the rules and regulations that govern his/her employment.

(Signature)

(Date)

EMPLOYER'S STATEMENT OF INTENT TO EMPLOY

COMPANY NAME: _____
ADDRESS: _____ TELEPHONE: _____
_____ TYPE OF BUSINESS: _____
STUDENT'S JOB TITLE & DESCRIPTION OF DUTIES: _____

STUDENT WILL WORK ___ SCHOOL DAYS PER WEEK , _____ HOURS PER DAY.

STUDENT WILL WORK ___ NON-SCHOOL DAYS PER WEEK, _____ HOURS PER DAY.

STUDENT WILL NOT WORK BEFORE 7:00 A.M. OR AFTER 7:00P.M. (9:00 P.M. JUNE 1-LABOR DAY.

SUMMER WORK ONLY ? _____ YES _____ NO ALCOHOL SERVED? ___ YES _____ NO

STATEMENT OF PHYSICAL HEALTH

I, The undersigned school or public health or public health official, hereby certify that the above named minor child has had a physical examination completed with the past year, that no physical restrictions were noted.

(Signature of Health Official)

Title

Date