

Cleveland Metropolitan School District
Work Permits Office Administration
Building
1111 Superior Ave 2nd Floor Lakeside Ave. Cleveland, Ohio 44114
(216) 838-0323

Office Hours:
Monday-Friday 8:30 am to 3:00 pm

Work Permit Information

Q: Who must apply for a **Work Permit**?

A: Any student who attends a Cleveland Metropolitan School ages 14-17 and is hired by an employer.

Q: Are students required to obtain a **Work Permit for summer employment**?

A: Student applicants who are age 14 or 15 are required to obtain a work permit in all instances. **Work permits are not required of 16 or 17 year old students unless requested by the employer during the summer vacation.** The parent/guardian's written consent plus the minor's proof of age is to be kept on file by the employer.

Q: How do I obtain a Work Permit?

A: Contained in this packet are three documents that must be completed and taken to the Work Permit Office by the student applicant.

Pledge of Employer (must have 9-digit Tax ID Number)
Application of r Employer Certificate Physician's
Certificate

1. The Pledge of Employer from must be completed with a **valid Tax ID Number** and signed by the Manager/Employer.
 2. The student's parent/guardian must sign the *Application for Employment Certificate*. The school's principal signature is not required. **THE STUDENT MUST present a completed application to the Work Permit Office at 1111 Superior Ave, second floor.**
- !• Proof of student's applicant age (example: birth certificate, baptismal certificate, State ID, driver license, temporary driver's license)
 - !• **Physician's Certificate** The physical exam report must include an exam, the student's height and weight, blood pressure and pulse rate. **The certificate must include the physician's signature and stamp.** The student must have obtained this examination within the last 12 months.

As stated above, THE STUDENT MUST RETURN THESE DOCUMENTS IN PERSON TO SIGN THE WORK PERMIT in the presence of the official issuing the certificate. THE PARENT/GUARDIAN DOES NOT HAVE TO BE PRESENT NOR CAN THEY PRESENT these documents on the behalf of their child. The Student MUST BE ENROLLED IN THE CLEVELAND METROPOLITIAN SCHOOL DISTRICT

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.

X

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.

X

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:

①

②

③

④

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

X

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:

 ft. in.

Weight:

 lbs.

Color of Hair:

Color of Eyes:

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: