

APPLICATION FOR WORK PERMIT

The following items are **REQUIRED** for verification of information under the State of Illinois Child Labor Law (820 ILCS 206/) – **NO EXCEPTIONS CAN BE MADE:**

1. **INTENT TO EMPLOY LETTER** A letter from the prospective employer on letterhead stationery, signed with an actual signature by the employer or agent stating the type of work and work schedule of potential minor.
2. **PROOF OF AGE (ORIGINAL)** An original birth certificate issued by the city, county, state, or hospital is preferred. If the original birth certificate is not available, we will accept one of the following: Baptismal certificate, passport, insurance policy or notice of birth registration.
3. **STATE ID OR VALID DRIVERS LICENSE OF PARENT/GUARDIAN**
4. **PARENTAL APPROVAL** A signed written statement from the parent or guardian approving the child's employment.
5. **MEDICAL STATEMENT (NOTE FROM PHYSICIAN)** A signed physician's statement on the physician's or health institution's letterhead or stamp indicating based on an examination performed within one year of the date of work permit application, the child is physically fit to be employed in all legal occupations. Electronic Signature notation acceptable.
6. **PRINCIPAL'S STATEMENT (WAIVED DURING SUMMER MONTHS WHEN SCHOOL IS NOT IN SESSION)** A signed principal's statement on school letterhead, stamp or seal stationery verifying the school-age child is active and in good standing academically at school when school is in session.
7. **PROOF OF A COOGAN OR UTMA ACCOUNT (Blocked Trust Account)** Applies to minors applying for a performing, acting, or modeling work permit. Waived for background work.
8. **Both parent/guardian and minor must be present at the time this application is filed as REQUIRED under section 206/55 of the State of Illinois Child Labor Law**

IMPORTANT: Please refer to the State of Illinois Child Labor Law 820 ILCS 206/40 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.

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: _____

SCHOOL INFORMATION

School Name: _____

Address: _____

City, State, Zip Code: _____

County: _____ Phone Number: _____

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 206/).

.....

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