## North Baltimore Middle/High School work permit application

Please complete all parts of this application and then return it to the Middle/High School office.

This is an application for your work permit it is **NOT YOUR WORK PERMIT**.

The first part needs to be filled out by you and your parents.

The second part needs to be filled out by whoever is giving you a job. (Your future employer).

The back of the form needs to be completed by a Doctor. If you have a current sport physical we can use that. You will just need to let us know that you have a current physical on file.

Return the completed form to Mrs. Beaupry in the office. Once the information is put into the state system you will be issued a work permit.

If you have any questions please email pbeaupry@nbls.org.

## **APPLICATION FOR MINOR WORK PERMIT**

STUDENT / APPLICANT INFORMATION	
Name of Student / Applicant in full:	Sex: Grade Level:
	Male Female
Proof of Age (Type of document):  Age: Date of Birth:	Physician's certificate:
	Submitted with this application Valid physician certificate on file
Address of Student /Applicant:	
School District: Building:	
Parent or Guardian:	Parent or Guardian Telephone Number:
Address of Parent or Guardian:	
	THE STATE OF THE S
BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR ABOVE NO	CERTIFY THAT I HAVE EXAMINED AND APPROVED TH TED DOCUMENTARY PROOF OF AGE.
NAMED ABOVE WILL WORK WITH MY APPROVAL.	
Signature of Parent or Guardian Superintender	nt / Chief Adminstrative Officer / Designated Issuing Office
Date Signed	Name of Office
THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL	
NY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.	Address of Office
PLEDGE OF EMPLOYER	
	The book of the second Mark Location
Name of Firm:	Telephone Number at Minor's Work Location
Control of the Contro	
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	IF MINOR WORKS A VARIED OR
	IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS
No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:	TO BE WORKED WITHIN THE LIMITS OF THE LAW?
1 2 3 4	Eliving of The Envi:
	O IN ACCORDANCE WITH LAWS REGULATING TH
THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILL	
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## PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331,02 ORC 4109,02 ORC

APPLICANT INFORMATION		
Name of Student / Applicant in full:	Sex:	
Date of Birth: Height: Weight:  ft. in.  Distinguishing Characteristics, if any:	Color of Hair: Color of Eyes:	
Distinguishing Orlandeteristics, in 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;	NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.	
IS IS NOT	Limited Certificate: YES NO	
IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.	If Marked YES; Employment should be Limited to Work Specified Below:	
X		
Physician's Signature		
Date Signed		
Date Signed		

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