

# AKRON PUBLIC SCHOOLS, CENTRAL REGISTRATION/WORK PERMITS

70 North Broadway; Akron, OH 44308; Room 101

8:00 am – 5:00 pm Monday through Friday

## Work Permit Instructions

*Students MUST turn in a work permit application form IN PERSON for each job.*

*(Student's signature required to be on file in work permit office.)*

- STEP 1** Student may obtain an Application for a Minor Work Permit in one of three ways: (1) the high school they attend (2) the Central Registration/Work Permits Office (3) online at [www.akronschools.com](http://www.akronschools.com) by clicking "Student Support Services & Security" under the "Departments" tab.
- STEP 2** The parent/guardian fills out the section marked "Student/Applicant Information" and signs in the space provided.
- STEP 3** The student takes the *Application for Minor Work Permit* to the job interview. If hired, the Employer fills out the section marked "Pledge of Employer".

**The employer MUST provide the Tax ID Number. This field is mandatory to complete the electronic work permit. The employer MAY NOT use the word "varies". This option is not available on the work permit website. Employers can no longer indicate employment hours as 2-6 per day. Hours must be one number only.**

- STEP 4** If the student has never turned in a work permit application in the Akron District, the student MUST obtain a physical. If the student has had a work permit in the past, please call the Central Registration/Work Permits office at 330-761-2810 to inquire if it is still on file. A copy of the most recent physical may be required for subsequent work permit applications.
- STEP 5** The physician will complete the section "Physician's Certificate for Minor Work Permit" on the back of the application. **THE PHYSICIAN MUST AFFIX A COMPANY STAMP IN THE SPACE PROVIDED.** The work permit office will accept a sports physical that is less than one year old. Copies of sports physicals must be obtained from the school and attached to the work permit application.
- STEP 6** THE STUDENT must appear in person and bring the completed work application along with one of the following forms of ID: (1) Birth Certificate (2) State ID (3) Driver's License.

*Please see reverse for more instructions*

This work permit application is for students who are currently enrolled with the Akron Public Schools ONLY. If you are inactive in our system, the work permit application will not be accepted.

If you are currently enrolled into a school other than Akron Public Schools, please contact the school you attend for assistance with a work permit.

Please be sure the following is completed before returning the application to our office:

- Parent/Guardian portion must be filled out and signed by the student's LEGAL guardian.
- Employer portion must be filled out.
- The physician's portion must be filled out and the PHYSICIAN'S COMPANY STAMP MUST BE AFFIXED in the space provided. If the student has a sports physical that is less than 1 year old, please obtain a copy from the athletic director at the student's school.
- The STUDENT MUST APPEAR in our office with the completed application, a birth certificate (copy is accepted), or state ID, or driver's license. These are the only three (3) forms of identity that will be accepted.

# 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: 1 Hours Per Day: 2 Starting Time: 3 Quitting Time: 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

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: