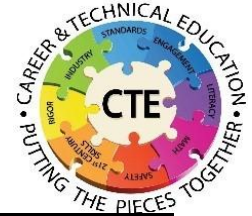




FOCUS LEARNING ACADEMY EAST, WEST
& FOCUS NORTH HIGH SCHOOL
Career-Technical Education Department



INSTRUCTIONS FOR OBTAINING A WORK PERMIT

Any student aged 14-17 years old wishing to be employed must have a Work Permit unless otherwise stipulated under Ohio Revised Code (ORC) 4109. **WORK PERMITS CAN NOT BE TRANSFERRED FROM ONE EMPLOYER TO ANOTHER. A NEW APPLICATION MUST BE COMPLETED FOR EACH EMPLOYER.**

Attention Focus Students

PLEASE READ ALL INSTRUCTIONS CAREFULLY

1. The **Student Information** section **MUST** be filled out and signed by the Parent/Guardian.
2. The student's employer **MUST** fill out the **Pledge of Employer** section.
 - Make sure the employer includes their 9 digit tax ID number on the form.
 - You **MUST** have the ENTIRE employer's section COMPLETED to receive a work permit.
3. A physician **MUST** fill out the **Physical Examination** section.
 - If you have had a physical within the last year you do not need to get another physical...you must get documentation of that physical from your physician.
 - If you received a work permit prior from the Focus Schools within one year, you don't need a new physical for change if you changed jobs in the same school year.
4. After the work permit application is **COMPLETELY** filled out the student can email forms to work.permits@focuslearn.org. Please include your full name and your specified Focus location and contact number.

Please allow 24 to 48 hours before Work Permit can be issued

If you have any questions or need help please contact:

Cordia Bishop, Career-Technical Education Director
Focus Learning Academy East, West & Focus North High School
Office: 614.269.0150 ext. 2133
Cell: 614.615.9892

FOCUS LEARNING ACADEMY EAST • 4480 REFUGEE RD. • COLUMBUS, OH 43232 • (614) 269-0150
FOCUS LEARNING ACADEMY SOUTHWEST • 190 SOUTHWOOD AVE. • COLUMBUS, OH 43207 • (614) 545-2000
FOCUS NORTH HIGH SCHOOL • 4807 EVANSWOOD DR. • COLUMBUS, OH 43229 • (614) 310-0430

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: