Work Permit Information (Please Read and Follow all instructions)

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 has written consent and the minor’s proof of age are to be kept on file by the employer.

Q: How do I obtain a Work Permit?
A: Email all required documents to Robyn.ballew@clevelandmetroschools.org or they can bring the completed documents to the East Professional Center by the student applicant. The parent or guardian do not have to be present. Please contact Robyn Ballew with any additional questions about the work permit process you may have.

Pledge of Employer (must have 9-digit Tax ID Number)
Application of 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 East Professional Center at 1439 E 79th Street or by email to Robyn.ballew@clevelandmetro.schoools.org

❖ 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 METROPOLITAN SCHOOL DISTRICT

“The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America”
APPLICATION FOR MINOR WORK PERMIT

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full: ____________________________ Sex: ____________________________
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 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: ____________________________

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)

LAWS.COM 0000 (Replaces Ohio Form 11 & 111)
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: