APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC 4109.02 ORC

Name of Student / Applicant in full:	Cove
	Sex: Grade Level:
Proof of Age (Type of document):	Male Female
Age: Date of Birth:	Physician's certificate:
ddysga f Children III II	Submitted with Valid physicial Valid physicial Certificate on
ddress of Student /Applicant:	
chool District:	
chool District: Building:	
arent or Guardian:	
	Parent or Guardian Telephone Number:
dress of Parent or Guardian:	A
HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND ELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR ABOVE MADE AND THAT THE MINOR	Y CERTIFY THAT I HAVE EXAMINED AND APPROVED T
AMED ABOVE WILL WORK WITH MY APPROVAL.	NOTED DOCUMENTARY PROOF OF AGE.
X	
Signature of Parent or Guardian Superinten	dent / Chief Adminstrative Officer / Designated Issuing Offi
Date Signed E NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL	Name of Office
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Address of employer if different from minor's place of employment LAWS COM 0000 (Replaces Ohio Form II & III)

E-Mail address (Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC

APPLICANT INFORMA	ATION	,	Name			1
Name of Student / Applicant in full:	DESCRIPTION OF THE PROPERTY OF	TO SEAL TO	Marie State Control		Sex:	authorized by
					Male	Female
Date of Birth:	Height: Weight:		Color of Hair:		Color of Eyes:	_
	ft, in.	lbs.				
Distinguishing Characteristics, if any						
		Buildin	a,			
School District:		Molloca	y.			
Parent or Guardian:		1	,	Parent or 0	Guardian Telephon	e Number:
			:			
PHYSICIAN'S APPRO			and in the	in the Land	nice parties a	You make the
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IS	IS NOT	Limite	ed Certificate:	YES	☐ NO	
IN THEIR OPINION PHYSICALLY F ANY EMPLOYMENT NOT FORBID THIS AGE AND SEX.	FIT TO PERFORM THE WORK OF DEN BY LAW TO A PERSON OF	If Mar Emple	ked YES; byment should be L	imited to Wor	k Specified Below:	
X				7		
Physician's	Signature	,				
	: J			Mar. F.	A PER LA HELL	Charles No.
Date S	ignea			1 2 h f 6		12 G. E. 17 27 E.

LAWS COM DDDD (Replaces OHIO FORM V)