

ADLAI E. STEVENSON HIGH SCHOOL

****TO OBTAIN A WORK PERMIT YOU MUST BRING THIS COMPLETED APPLICATION AND YOUR BIRTH CERTIFICATE TO GOLD STUDENT SERVICES****

APPLICATION FOR A WORK PERMIT

MINOR'S NAME _____

MINOR'S ADDRESS _____

CITY, STATE, ZIP CODE _____

MINOR'S SOCIAL SECURITY NUMBER _____

PARENT/GUARDIAN NAME _____

MINOR'S TELEPHONE NUMBER _____

BIRTH DATE _____ CURRENT AGE _____

CITY, STATE, COUNTY OF BIRTH _____
CITY STATE COUNTY

CONSENT OF PARENT OR GUARDIAN

I hereby give my consent to my child/ward to engage in part-time employment with the employer indicated on this application, and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

I give my permission to release any/all medical report information commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, sub-section (d) (4), it deems necessary in connection and for the sole purpose of my child/ward obtaining an employment certificate as that term is defined under the Child Labor Laws of the State of Illinois.

Any description of a prior or existing physical condition which may, in the judgment of the School District and/or student's physician, be the basis for limiting the issuance of the employment certificate shall not constitute a violation of any right of a minor student which is guaranteed under the Family Educational Right to Privacy Act.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADLAI E. STEVENSON HIGH SCHOOL

EMPLOYER INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

TYPE OF BUSINESS _____

MINOR'S JOB TITLE AND BRIEF DESCRIPTION OF WORK THAT THE MINOR WILL BE DOING

MINOR WILL WORK _____ SCHOOL DAYS PER WEEK _____ HOURS PER SCHOOL DAY

HE/SHE WILL WORK _____ HRS. ON SATURDAY OR _____ HRS. ON SUNDAY

SUMMER WORK ONLY _____ YES _____ NO

SIGNATURE OF COMPANY OFFICIAL _____

TITLE _____ DATE _____

STATEMENT OF PHYSICAL FITNESS

A physical statement signed by a physician within one year of application is required.

If school nurse maintains records, a signature of the nurse verifying that a physical has been completed and that no restrictions were noted.

DATE OF PHYSICAL _____

SCHOOL NURSE SIGNATURE _____