

# Application for a Work Permit

Date: \_\_\_\_\_ Minor's Social Security Number: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

## School Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, \_\_\_\_\_ Zip \_\_\_\_\_ Code: \_\_\_\_\_

County: \_\_\_\_\_

## Birth Information

Date: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

## Employer Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Minor's Job Title: \_\_\_\_\_

## 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 to 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.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date