

## Application for Issuance of Employment Certificate (Work Permit)

### Student Information

Name:		DOB:	
Address:		SSN:	
Phone:		School:	

### Parent/Guardian Statement

As parent or guardian of the above named minor, I affirm that I have read the rules & regulations set forth by the Illinois Department of Labor concerning the employment of a minor child & hereby agree to ensure the minor child complies with the rules & regulations that govern his/her employment.

Signature:		Date:	
Print:			

### Employer's Statement of Intent to Employ

This section is to be completed by the employer (not the student).

Company Name:		Telephone #:	
Address:		Type of Business:	
Student's Job Title & Description of Duties:			
	<p>The student will work _____ school days per week, _____ hours per day.</p> <p>The student will work _____ non-school days per week, _____ hours per day.</p> <p><b>The student will not work before 7:00am or after 7:00pm (9:00pm June - Labor Day)</b></p> <p>Summer work only? _____ YES _____ NO      Alcohol served? _____ YES _____ NO</p>		
Supervisor's Signature, Title, and Date:			

State Of Illinois, Department Of Labor

# Certificate Of Physical Fitness

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*Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Description of Work Requested:

Remarks: (Physical Fitness for Requested Work):

Name of Examiner \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Date \_\_\_\_\_

State Of Illinois, Department Of Labor

# Principal's Statement To Issuing Officer

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*Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22*

Date \_\_\_\_\_ Name of School \_\_\_\_\_

This is to certify that the undersigned has interviewed \_\_\_\_\_  
residing at \_\_\_\_\_ and that  
said minor requests that an employment certificate be issued permitting employment outside  
of school hours.

The school records disclose that above-named minor was born \_\_\_\_\_ and has  
completed the \_\_\_\_\_ Grade. The minor is in school from \_\_\_\_\_ AM to \_\_\_\_\_ PM  
with \_\_\_\_\_ hour for lunch.

Parents' names are:

Parents/Legal Guardians: \_\_\_\_\_

According to the school records, above-named minor is making satisfactory progress;  
therefore, I recommend an employment certificate be issued for present employment.

Principal \_\_\_\_\_ By \_\_\_\_\_

**MINOR, PLEASE NOTE:** EMPLOYMENT CERTIFICATES ARE ISSUED BY CITY AND COUNTY  
SUPERINTENDENTS OF SCHOOLS OR THEIR DULY AUTHORIZED AGENTS IN EACH SCHOOL DISTRICT.

**NOTE:** THIS IS NOT AN EMPLOYMENT CERTIFICATE BUT SHOULD BE DELIVERED TO THE ISSUING  
OFFICER WHO WILL ISSUE NECESSARY CERTIFICATE AS REQUIRED BY LAW. THIS FORM MAY BE  
REPRODUCED BY LOCAL SCHOOL AUTHORITIES AND ADDITIONAL INFORMATION ADDED IF NECESSARY  
TO MEET LOCAL CONDITIONS.