

APPLICATION FOR WORK PERMIT

(Student under 16 years of age **but at least 14 years of age at time of issuance**)

NAME _____

SOCIAL SECURITY # _____

ADDRESS _____

CITY _____

STATEMENT BY PROSPECTIVE EMPLOYER

I would like to employ _____ He/She will work at the Park District as a(n)
Student Name

_____ for _____ hours on school days and _____ hours on weekends.
Position Weekday Hours Weekend Hours

Summer work only? Yes No Is Liquor served? Yes No

EMPLOYER'S SIGNATURE _____

FIRM NAME ARLINGTON HEIGHTS PARK DISTRICT

FIRM ADDRESS 410 N. ARLINGTON HEIGHTS RD.

CITY AND ZIP ARLINGTON HEIGHTS, IL 60004

Note: Students attending school are allowed to work up to 3 hours on school days and not after 7 pm, and 8 hours on either Saturday or Sunday. The above named student shall not engage in any activity prohibited by any statute or rule or regulations of the Department of Labor in regard to the Child Labor Laws of this state.

CONSENT OF PARENT OR GUARDIAN

I hereby give my consent to my son/daughter or ward to engage in part-time employment in the above mentioned firm and agree to comply with the state regulations and laws applicable to the specific type of employment for which this application is being submitted.

I give the School/School District permission to release any and all medical information commensurate with Illinois Revised Statutes, Chapter 48, Section 31.12, Sub-section (2)(4), it deems necessary in connection and for the sole purpose of my child or 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/School District and/or student's physician, be the basis for limiting the issue of the employment certificate, shall not constitute a violation of any right of a student which is guaranteed under the Family Educational Right to Privacy.

Signature of Parent/Guardian

DATE _____ NAME OF SCHOOL _____

This is to certify that the undersigned has interviewed _____
Name of Minor

residing at _____ and that said Minor requests that an employment
Address of Minor

certificate be issued permitting employment outside of school hours. The school records disclose that above-named

Minor was born _____ and has completed the _____. He/She is in
Minor's Birthdate Last Grade

school from _____ AM to _____ PM with _____ for lunch. Parents' names are:

Father's Name

Mother's Name

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

PRINCIPAL _____ BY _____

PLEASE BRING BIRTH CERTIFICATE WITH THIS FORM TO SECURE A WORK PERMIT. GIVING INCORRECT OR IMPROPER INFORMATION ON THIS FORM SHALL CONSTITUTE A CLASS "C" MISDEMEANOR PURSUANT TO THE LAWS OF THE STATE OF ILLINOIS.

STATE OF ILLINOIS
DEPARTMENT OF LABOR
CERTIFICATE OF PHYSICAL FITNESS

As required by Section 12 of the Child Labor Law, 820 ILCS 2061-22

Student's Name _____

Student's Address _____

City, State and Zip: _____

Date of Birth _____ Gender _____

Color of Eye _____ Color of Hair _____

Name of Employer ARLINGTON HEIGHTS PARK DISTRICT

Address of Employer 410 N. ARLINGTON HEIGHTS RD., ARLINGTON HEIGHTS, IL 60004

Description of Work Requested _____

Remarks (Physical Fitness for Requested Work) _____

Name of Examiner

Signature of Examiner

Date

IL 452-0099 (6/95)

This form is furnished by the Department of Labor or may be reproduced

(A copy of an official physical exam may be accepted in lieu of above form if said physical examination was performed within one year of application for work permit)

Signature of the Minor is Required When Permit Is Issued