Ammlication for a Work Permit

EXTENTION TO THE RESERVE TO THE PARTY OF THE PROPERTY OF THE P	E			
Date: Items Needed for Verification of Information	a o s			
1Birth Certificate 2. Social Security Card	JU I			
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3Letter of Intent to Employ from the prospective employer	ULASHI -UL			
4Physical dated within one year of the date you are applying for work permit				
5Principal form verifying minor is receiving satisfactory academic progress to work part time. (Only require the school year (September 1 through June 1)	ed during			
NOTE: The parent/guardian's presence at the time of the application is field is required under section 205/12 of the I	llinois			
Child Labor Law.				
Student Information				
Minor's Name:				
Minor's Social Security Number				
AddressCity, State, Zip				
Phone NumberParent/Guardian Name				
Birth DateCounty				
City, State, Zip				
School Information				
School Name City, State, Zip				
	7			
County(circle one) Alexander Jackson Perry Pulaski Union				
Employer Information				
Company Name				
Address City, State, Zip				
Phone Number Type of Business				
Minor's Job Title Minor's Work Hours				
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 ap	_			
and agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to comply with the stated regulations and law applicable to the specific type of employment for which this agree to the specific type of employment for the specific type of employment in the spec	-			

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Ih and 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

State Of Illinois, Department Of Labor

Principal's Statement To Issuing Officer

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

Date	Name of School		
residing at	the undersigned has interviewedthat an employment certificate be issued permitting employ	and that	
completed the hou			
Parents' names are:			
Father:	Mother		
According to the school records, above-named minor is making satisfactory progress; therefore, I recommend an employment certificate be issued for present employment.			
Principal	Ву		

MINOR, PLEASE NOTE: <u>EMPLOYMENT CERTIFICATES</u> ARE ISSUED BY CITY AND COUNTY SUPERINTENDENTS OF SCHOOLS OR THEIR DULY AUTHORIZED AGENTS IN EACH SCHOOL DISTRCIT.

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.