

**EMPLOYMENT CERTIFICATE APPLICATION FORM**

The Work Permit is ONLY Issued and VALID for Students 16 years old and younger as the Illinois Department of Child Labor Law

Date: \_\_\_\_\_ Name of Student: \_\_\_\_\_ Male/Female \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**COPIES OF THE APPLICANT'S BIRTH CERTIFICATE MUST ACCOMPANY THIS APPLICATION FOR IT TO BE PROCESSED**

.....  
PARENT(S): I have read the statement from the employer below and give my son/daughter permission to work in his/her establishment.

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Date: \_\_\_\_\_  
.....

EMPLOYER: (Please fill in the following information or submit a letter on company letterhead including the same information. Including date of employment)

*I agree to employ the above named student.*

Type of work to be done: \_\_\_\_\_

Position: \_\_\_\_\_ Hours per day/week \_\_\_\_\_

Name and place of employment: \_\_\_\_\_

Anticipated date of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Employer's Name (Print): \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
.....

**NOTE: STUDENTS WITHOUT A CURRENT PHYSICAL (WITHIN THE LAST CALENDAR YEAR) ON FILE AT DISTRICT 303, MUST ATTACH A CURRENT PHYSICAL FOR THE APPLICATION TO BE PROCESSED.**