

## EMPLOYMENT CERTIFICATE APPLICATION FORM

The Work Permit is ONLY Issued and VALID for Students 15 years old and younger as per the Illinois Department of Child Labor Law

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

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

Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_ City State Zip

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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: \_\_\_\_\_

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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.*

Is liquor served? ☐ Yes ☐ No Summer work only? ☐ Yes ☐ No

Place of employment: \_\_\_\_\_ Nature of Industry: \_\_\_\_\_

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

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

Position: \_\_\_\_\_

Student will work \_\_\_\_\_ hours on school days and not more than eight (8) hours on days when school is NOT in session, or \_\_\_\_\_.

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

Signature of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**COPIES OF THE APPLICANT'S OFFICIAL BIRTH CERTIFICATE AND A PHYSICAL WITHIN A YEAR MUST ACCOMPANY THIS APPLICATION FOR IT TO BE PROCESSED**

**BOTH THE STUDENT AND PARENT MUST BE PRESENT TO COMPLETE THE PROCESS**

State Of Illinois, Department Of Labor

# Certificate Of Physical Fitness

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

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

Address \_\_\_\_\_

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

Gender \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

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

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

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

Description of Work Requested:

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Remarks: (Physical Fitness for Requested Work):

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

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

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 \_\_\_\_\_

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. He or she is in school from \_\_\_\_\_ AM to \_\_\_\_\_ PM  
with \_\_\_\_\_ hour for lunch.

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 \_\_\_\_\_ 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.