

APPLICATION FOR WORK PERMIT

Bring this completed form along with a copy of your birth certificate to the Guidance Office.

YOU CANNOT OBTAIN A WORK PERMIT UNTIL YOU HAVE A JOB.

Student Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

City in which you were born: _____ State: _____ Zip: _____

County in which you were born: (i.e. DuPage, Cook, etc.) _____

Is Alcohol Served? yes no Is this summer work only? yes no

Name of Company: _____

Address of Company: _____

City: _____ State: _____ Zip: _____

What kind of company is it? (Restaurant, Grocery Store, Clothing Store, Park District, etc.):

Position / Type of work to be done: _____

Work Hours Restrictions for 14 and 15 Year Olds

Hours/School in Session	Hours/School Not in Session
3 Hours/Day	8 Hours/Day
23 Hours/Week	48 Hours/Week
6 Days/Week	6 Days/Week
7am-7pm	7am-9pm (Summer Break Only)
30 Minute Meal Break by 5th hour of Consecutive Work	

PARENT: I have read the statements above and give my permission for my child to work at the above specified job.

Parent Name Printed

Parent Signature