



IMPORTANT INFORMATION REGARDING LABOR LAWS FOR MINORS

- "Minor" means any person less than 18 years of age.
- The minimum age for employment with the City of Bowling Green Parks and Recreation Department is 16 years old.
- Minors ages 16 and 17 shall not be required to provide a work permit after the last day of school in the spring and before the first day of the school term in the fall (in non-hazardous employment.) **If minors ages 16 and 17 work during any part of the school year, a work permit must be obtained.**
- 18 year olds are not required to obtain work permits, even if they are still attending high school.
- **All** minors must provide the following to the City prior to beginning employment:
 1. A birth certificate from the Bureau of Vital Statistics (**NOT** a hospital birth certificate)
 2. A photo identification card (Driver's License or State I.D. card)
 3. A Social Security Card
 4. A work permit, if applicable
 5. Parental permission slip

All employees, regardless of age, are required to complete new hire paperwork in the Personnel Department prior to beginning employment.

In addition, all employees, regardless of age, are required to have direct deposit of payroll. Bank account information must be provided to the City at the time of hire. Direct deposit can either be made into a single checking or savings account or multiple accounts, if desired.

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Parental Permission

I hereby give permission for my son/daughter, _____,
to be employed by the Department of Parks and Recreation for the City of Bowling Green.

Parent's Printed Name

Parent's Signature

Date

**Return to: Personnel Department, City of Bowling Green, 304 N. Church St.,
Bowling Green, Ohio 43402-2399**

Work Permit Information For Minors

1. The following are the steps you must follow to obtain a work permit if you are hired by the City:
 - A. Pick up "Application for Minor Work Permit" and "Physician's Certificate For Minor Work Permit" from the high school or the Central Administration building. The address for Bowling Green City Schools Central Administration building is:

140 S. Grove St.
Bowling Green, OH 43402
(419) 352-3576

If you do not attend Bowling Green High School, you must go to your own high school to pick up the work permit information.
 - B. Fill out the Student/Applicant section of the work permit application (see attached sample)
 - C. Have parent or legal guardian sign the work permit application.
 - D. Have the "Physician's Certificate for Minor Work Permit" completed by a physician. If the student has had a physical within the last twelve months, a new physical is not required; however, the form still needs to be filled out by the physician. If the student has not had a physical within the last twelve months, a physical is required prior to employment. This is a qualification for the work permit and not for the City of Bowling Green, and therefore will be at the student's expense.
 - E. Bring the work permit application to the City of Bowling Green Personnel Department where a staff member will complete the "Pledge of Employer" section.
 - F. The **student** must return the original, completed application along with his/her birth certificate to the school's Central Administration building. The application must be returned by the student and may not be dropped off by a parent, friend, etc. The work permit will be issued by the staff of the school's Central Administration office and sent to the City. The student will also receive a copy.
 - G. Upon receipt of the work permit, the City will inform the student that he/she can begin work.
2. Work permits must be on file in the Personnel Department **before** employment begins. "Employment" includes any time that the student will be paid by the City of Bowling Green. This includes orientation sessions and training days.
3. Work permit applications can be picked up at the school only after an offer of employment has been made by the City.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full: Sex: Male Female Grade Level:

Proof of Age (Type of document): Age: Date of Birth: Physician's certificate: Submitted with this application Valid physician's certificate on file

Address of Student / Applicant:

School District: Building:

Parent or Guardian: Parent or Guardian Number:

Address of Parent or Guardian:

Only

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE NAMED ABOVE WILL WORK WITH MY APPROVAL. I HAVE EXAMINED AND APPROVED THE SUPPLEMENTARY PROOF OF AGE.

Signature of Parent or Guardian: Superintendent / Chief Administrative Officer / Designated Issuing Officer:

Name of Office:

Address of Office:

PLEDGE OF EMPLOYER

Name of Firm: Telephone Number at Minor's Work Location:

Address of Student / Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY:

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW? YES NO

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

Signature of person authorized to sign for employer: Date signed: Telephone number:

Address of employer if different from minor's place of employment: E-Mail address:

(Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331 B2 ORC
4109 B2 ORC

APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

	ft.	in.	lbs.		
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Distinguishing Characteristics, if any:

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School District:

Building:

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Parent or Guardian:

Parent or Guardian Telephone Number:

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PHYSICIAN'S APPEAL

THE UNDERSIGNED HAS EXAMINED THE APPLICANT WHO WAS BORN ON [] ABOVE, AND WHO MEETS THE DESCRIPTION OF [] AND THAT SAID PERSON:

IS IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

X
Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate: YES NO

If Marked YES:
Employment should be Limited to Work Specified Below:
