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## Application for a Work Permit

1. \_\_\_ Social Security card
2. \_\_\_ Birth Certificate
3. \_\_\_ Letter of Intent of Employer (must also include Minor's specific work hours & Manager contact info)
4. \_\_\_ Current Physical Exam (must be dated within 1 year of application)
5. \_\_\_ Principal's Statement (required if working at all during the school year (September 1 through June 1)
6. \_\_\_ Child performer in an artistic or creative service have a Trust Fund set up in the child's name where 15% of their gross earnings will be deposited

- **Please note that the minor must be present with the parent or guardian when application materials are submitted in person. This is a requirement under section 205/12 of the Child Labor Law.**

### Student Information

Minor's Name: \_\_\_\_\_

Minor's Social Security Number (required): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Employer Information

Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

### 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 application and agree to comply with the stated regulations and laws applicable to the specific type of employment for which this application is being submitted.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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:

Remarks: (Physical Fitness for Requested Work):

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.**