

WORK PERMIT

The work permit is completed by the parent and employer **once the job is secured and there is an agreement with the employer.**

ALL STUDENTS UNDER 16 YEARS OF AGE MUST BE ISSUED A WORK PERMIT FOR THEIR PLACE OF EMPLOYMENT. THIS WORK PERMIT PROTECTS THE MINOR UNDER THE ILLINOIS CHILD LABOR LAW.

In order to obtain a work permit, **YOU MUST COMPLETE THE FOLLOWING:**

1. **Have your employer sign the form** showing their agreement to comply with the Illinois Child Labor Law.
2. **Have your parent or guardian sign** the bottom of the agreement to indicate that you have their permission to work.
3. **Fill out** the "Work Permit Application" form in its entirety.
4. **BRING IN YOUR ORIGINAL BIRTH CERTIFICATE AND SOCIAL SECURITY CARD.**
Our office will make a copy of the documents and return them to you immediately. This is used for verification of age, which is **required by the State of Illinois.**
5. **Provide a copy of a current (within one year) physical** or have a physician fill out the attached "Certificate of Physical Fitness."

Return completed forms to the Student Services Office at Cary-Grove High School. The work permit will be **issued within 48 hours** of when it is received. The applicant's signature is required for the release of the permit.

Student Services Office Hours:

School Days 7:00 a.m. – 4:00 p.m.

Summer 7:00 a.m. - 3:30 p.m. Monday – Thursday

7:00 a.m. – 12:00 p.m. Friday

If you have any additional questions,
please contact the Student Services Office at 847-639-3864.

WORK PERMIT APPLICATION

Today's Date _____

Minor:

| | | | | |
|-----------------------------------|-------------|-----------|----------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| First Name | Middle Name | Last Name | Sex M/F | Home Phone |
| _____ | | _____ | _____ | |
| Address | | City | Zip Code | |
| _____ | | | _____ | _____ |
| Place of Birth – City, State, Zip | | | County | Birth date (mm/dd/yy) |

Parent:

| | | | |
|---------|--|------------|----------|
| _____ | | _____ | |
| Name | | Home Phone | |
| _____ | | _____ | |
| Address | | City | Zip Code |

Employer:

| | | | |
|---------------------------|---------------------------|--------------------------|----------|
| _____ | | _____ | |
| Name | | Work Phone | |
| _____ | | _____ | |
| Address | | City | Zip Code |
| _____ | | _____ | |
| Nature of Industry | | Occupation of Minor | |
| Liquor Served on Premises | <input type="radio"/> Yes | <input type="radio"/> No | |
| Summer Work Only | <input type="radio"/> Yes | <input type="radio"/> No | |

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 _____