

APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

PDE—4565 (10/91)

Date of Application _____

Certificate/Permit Number _____

Date Issued _____

A. To be completed by issuing officer

| Name of Minor _____ | Sex _____ Color of Hair _____ Color of Eyes _____ | Signature of Issuing Officer _____ | | | | | | | | | | | | |
|--|---|------------------------------------|------|--|--|--|---|--|------------------------------------|--|-------------|-------------------------------|--|--|
| Any Distinguishing Characteristics: _____ | School District – Name and Address _____ | | | | | | | | | | | | | |
| Place of Residence _____ | | | | | | | | | | | | | | |
| Date of Birth | Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but one accepted. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> <th style="width: 33%;">Year</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year | | | | <table style="width: 100%;"> <tr> <td style="width: 33%;">a. Transcript of birth certificate</td> <td style="width: 33%;">b. Baptismal certificate or transcript</td> <td style="width: 33%;">c. Passport</td> </tr> <tr> <td>d. Other documentary evidence</td> <td colspan="2">e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor.</td> </tr> </table> | | a. Transcript of birth certificate | b. Baptismal certificate or transcript | c. Passport | d. Other documentary evidence | e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor. | |
| Month | Day | Year | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| a. Transcript of birth certificate | b. Baptismal certificate or transcript | c. Passport | | | | | | | | | | | | |
| d. Other documentary evidence | e. Affidavit of parent or guardian accompanied by physician's statement of opinion as to the age of the minor. | | | | | | | | | | | | | |

B. To be completed by parent guardian or legal custodian in presence of issuing officer

I, the parent, guardian or legal custodian of the above-named minor, request the issuance of an employment certificate as indicated below:
 Mark only one

General Employment Certificate
 Transferable Work Permit (in lieu of General Employment Certificate)
 Vacation Employment Certificate
 Transferable Work Permit (in lieu of Vacation Employment Certificate)

| | |
|--|---|
| Signature of Parent, Guardian or Legal Custodian _____ | Name and Address of Parent, Guardian or Legal Custodian _____ |
|--|---|

C. To be completed by prospective employer

The undersigned expects to employ the minor as _____ in the industry of _____
 (type of work) (type of industry)

The minor will work during such times and in accordance with the maximum hours permissible by law as established by Section 4 and 12 of the Child Labor Law, Act of May 13, 1915, P.L. 286; No. 177, as amended.

| | | | | | | | | | | | | | | | | |
|--|--|--|------------|------------|------------|------------|------------|------------|------------|-------|-------|-------|-------|-------|-------|-------|
| <p><u>* Hours of employment – Ages 14 & 15</u> Maximum 3 hours on school days Maximum 18 hours per week Maximum 8 hours per nonschool week</p> <p><u>Summer Vacation</u> Maximum 8 hours per day Maximum 40 hours per week</p> <p><u>Night Work</u> School term – may not work after 7 p.m. or before 7 a.m. Exception – Summer Vacation until 9 p.m. but not before 7 a.m.</p> <p>* Federal Law</p> | <p><u>Hours of employment – Ages 16 & 17</u> Maximum 8 hours on any given day Maximum 28 hours (Mon.-Fri.). Plus an additional 8 hours on Saturday and an additional 8 hours on Sunday. Maximum 44 hours per week.</p> <p><u>Summer Vacation</u> Maximum 8 hours per day, 44 hours per week</p> <p><u>Night Work</u> School term – May not work after midnight Sunday through Thursday or before 6 a.m. any day. Exception – Preceding nonschool day 1 a.m. No limits during summer.</p> | <p>Employer: Within the limitations as identified in "Hours of Employment," please fill out the following:</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><u>Sun</u></td> <td style="text-align: center;"><u>Mon</u></td> <td style="text-align: center;"><u>Tue</u></td> <td style="text-align: center;"><u>Wed</u></td> <td style="text-align: center;"><u>Thu</u></td> <td style="text-align: center;"><u>Fri</u></td> <td style="text-align: center;"><u>Sat</u></td> </tr> <tr> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> <td style="text-align: center;">__hrs</td> </tr> </table> <p>Maximum hours: per day ____ per week ____</p> <p>Name, address and telephone number of employer: _____ _____ _____ Zip _____</p> <p>Signature of Owner or Manager: _____</p> | <u>Sun</u> | <u>Mon</u> | <u>Tue</u> | <u>Wed</u> | <u>Thu</u> | <u>Fri</u> | <u>Sat</u> | __hrs | __hrs | __hrs | __hrs | __hrs | __hrs | __hrs |
| <u>Sun</u> | <u>Mon</u> | <u>Tue</u> | <u>Wed</u> | <u>Thu</u> | <u>Fri</u> | <u>Sat</u> | | | | | | | | | | |
| __hrs | __hrs | __hrs | __hrs | __hrs | __hrs | __hrs | | | | | | | | | | |

D. To be completed by examining physician, certified nurse practitioner or certified registered nurse practitioner employer by the board of school directors, by the minor's family physician designated by the prospective employer.

I hereby certify that the minor named on this form has been thoroughly examined and:
 _____ is physically qualified for the employment specified in the statement of the prospective employer.
 _____ is physically qualified for the period of _____, after which time a new examination is required.
 _____ s physically qualified with the following limitations: _____.

| | |
|------------------------------|----------------------------|
| Signature of Examiner: _____ | Address of Examiner: _____ |
|------------------------------|----------------------------|