



WORK PERMIT PROCEDURES

Please be sure to read all directions carefully and complete all sections accurately. Thank you!

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 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 your high school’s Student Services Office. 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 AM – 4:00 PM

Summer 7:00 AM – 3:30 PM; Mondays – Thursdays
7:00 AM – 12:00 PM; Fridays

If you have any additional questions, please contact your school’s Student Services Office:

Cary-Grove	(847) 639-3825 ext. 4123
Crystal Lake Central	(815) 459-2505 ext. 2249
Crystal Lake South	(815) 455-3680 ext. 3226
Prairie Ridge	(815) 479-0404 ext. 5110
Haber Oaks	(815) 893-5300 ext. 6010



WORK PERMIT – EMPLOYER FORM

TO THE EMPLOYER:

The following information, taken from the application form for a minor for an Employment certificate, is presented to you for your examination and signature. Please read carefully the information, sign the appropriate space and return this form to the minor for return to the high school from which the minor is applying for a work permit. **Your signature indicates compliance with this law.**

ILLINOIS CHILD LABOR LAW

Section 31.1 Minimum Age (Excerpt)

Minors between 14 and 16 years of age may be employed, permitted or suffered to work outside school hours and during school vacations, but not in dangerous or hazardous factory work, or in any occupation otherwise prohibited by law, or by order or regulation made in pursuance of law.

Section 31.3 Hours of Work

No minor under 16 years of age shall be employed, permitted or suffered to work any gainful occupation mentioned in section 31.1 of this Act for more than 6 consecutive days in any one week, or more than 48 hours in any one week, or more than 8 hours in any one day, or be so employed, permitted or suffered to work between 7:00 p.m. and 7:00 a.m. from Labor Day until June 1, or between 9:00 p.m. and 7:00 a.m. from June 1 until Labor Day.

The hours of work of minors under the age of 16 years of age employed outside of school hours shall not exceed 3 a day on days when school is in session, nor shall the combined hours of work outside and in school exceed a total of 8 a day.

Section 31.4 Meal Period

No minor under 16 years of age shall be employed, or permitted to work in any gainful occupations mentioned in the Section 31.1 of this Act for more than 5 hours continuously without an interval of, at least 30 minutes for meal period, and no period of less than 30 minutes shall be deemed to interrupt a continuous period of work.

Section 31.7 Hazardous Occupations (Excerpts)

No minor under the age of 16 years of age shall be employed, permitted or suffered to work: In, about or in connection with any public messenger or delivery serve, bowling alley, pool room, billiard room, skating rink, exhibition park or place of amusement, garage, filling station or service or service station, or as a bellboy in any hotel or rooming house, or about or in connection with power-driven machinery;

In any place or establishment in which intoxicating alcoholic liquors are served or sold for consumption on the premises, or in which such liquors are manufactured or bottled.

IS LIQUOR SERVED OR SOLD FOR CONSUMPTION ON YOUR PREMISES? YES NO

Date _____ Employer _____

Workplace Address _____ Phone _____

Employer Signature _____

.....
_____ has my permission to be employed in
name of minor (last name, first name, middle name) *social security number*

accordance with the above-signed statement of compliance of the employer.

Date _____ Parent/Guardian Signature _____

Address _____

City, State, Zip _____



WORK PERMIT APPLICATION

CG CLC CLS PR HOC

Today's Date _____

Minor Student Information			
_____	_____	_____	_____
<i>last name</i>	<i>first name</i>	<i>middle name</i>	<i>home phone</i>
_____	_____	_____	_____
<i>home address</i>	<i>city</i>	<i>zip code</i>	
_____	_____	_____	_____
<i>place of birth: city, state, zip</i>	<i>birthplace county</i>	<i>birthdate (MM-DD-YYYY)</i>	

Parent/Guardian Information			
_____	_____	_____	_____
<i>last name</i>	<i>first name</i>	<i>middle name</i>	<i>home phone</i>
_____	_____	_____	_____
<i>home address</i>	<i>city</i>	<i>zip code</i>	

Employer Information			
_____	_____	_____	
<i>last name</i>	<i>first name</i>	<i>work phone</i>	
_____	_____	_____	
<i>workplace address</i>	<i>city</i>	<i>zip code</i>	
_____	_____	_____	
<i>nature of industry (e.g. food service, sales, etc.)</i>	<i>occupation of minor student</i>		
Is liquor served on premises?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the permit for summer work only?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 _____