

Work Permit Requirements

Students who are interested in acquiring working papers must submit an Application for Employment Certificate. Please follow the instructions below.

1. Part I (Parental Consent) of Application of Employment Certificate

Complete the following:

- Date
- Student Name (Applicant)
- Age
- Home Address
- Check box that indicates type of certificate requested
- Parent/Guardian Signature

*The student must be present to sign the work permit when it is issued. The legal guardian does not need to be present, but must have signed Part I of the application. *

2. Part II (Evidence of Age)

Bring one of the following to document proof of age:

- Birth Certificate
- Driver's License
- Passport
- Permanent Resident Card
- School Record
- State Issued Photo ID

3. Part III

- A physical examination, **done within the last year**, which must be completed by the school nurse or a physician.
- A student can use a current sports physical on file at school if it is within the last year.

4. Part IIII

- Bring the completed application form and physical examination to the Counseling Office. The counselors can make a copy of any necessary forms or documents.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.
Applicant must appear in person before the certifying official.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

PART I – Parental Consent – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, Age

[Applicant]

Home Address, apply for a certificate as checked below

[Full Home Address including Zip Code]

- Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required
- Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school

I hereby consent to the required examination and employment certification as indicated above.

.....
[Signature of Parent or Guardian]

PART II – Evidence of Age – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any)

[Date of Birth]

- Birth Certificate
- State Issued Photo
- I.D Driver’s License
- Schooling Record
- Other [Specify].....

PART III – Certificate of Physical Fitness

Applicant shall present documentation of physical exam from a school or private physician, physician’s assistant or nurse practitioner authorized to practice within New York State. * Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school If physical exam is over 12 months, provide student with Certificate of Physical Fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regard to allowed work/activity, the issuing official shall issue a Limited Employment Certificate, which will be valid for a period not to exceed 6 months, unless the limitation noted by the physician is permanent, in which case, the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate.

THE PHYSICIAN’S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

** Education Law Article 131, Section 6526 lists exempted physicians authorized to practice in the state without a NYS license. Education Law Article 139 section 6908(f) lists exempted persons authorized to practice nursing (inclusive of nurse practitioners) in the state without a NYS license.*

PART IV – Pledge of Employment – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ residing at

[Applicant]

as at

[Description of Applicant’s Work]

[Job Location]

for days per week hours per day, between a.m. and p.m.

Starting date

.....
[Name of Firm]

.....
[Address of Firm]

- Factory
- Nonfactory

.....
[Telephone Number]

.....
[Signature of Employer]

PART V – Schooling Record – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of

[Name of School]

[Address]

Show that whose date of birth is

[Name of Applicant]

Is in grade.....

.....
[Signature of Principal or Designee]

PART VI – Employment Certification – (To be completed by issuing official only)

Certificate Number Date Issued.....

.....
[School or Issuing Center]

.....
[Address]

.....
[Signature of Issuing Officer]

Physical Exam/Clinical Resources

URWell @ St. Lukes Church

When: Every Wednesday from 6pm-8pm

Where: 1261 Dewey Ave, Rochester NY

Phone: 585-271-2870

By appointment only, schedule online at: <https://urwell.org/urwell-stlukes/>

Cost: Free Exams

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PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)

(Address)

(Date of Birth)

Male

Female

INSTRUCTIONS TO PHYSICIAN:

Complete Part A unless certificate is limited --in which case complete Part B

A. I hereby certify that I have examined the above-named applicant and find he/she is physically qualified for lawful employment.

(Date of Physical)

(Signature of Physician)

(Address of Physician)

B. I hereby certify that I have examined the above-named applicant and find he/she has a disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

(Date)

(Signature of Physician)

(Address of Physician)

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.