Name of Minor: Last Name	First Name	Social Security Number	
Street Address	City	Zip Code	Home Phone
School Name	Minor's Date of Birth	Age	Proof of Age
School Address	City	Zip Code	School Phone
Company Name		Type of Work	
Street Address	City	Zip Code	Employer's Phone
Starting Wage Hou	urs Employment per Week	Employer's Worker's Compensation Insurance Co	
Supervisor's Signature		Printed Name of Supervisor	
This minor is being employed at wor	k described here on with my full knowle	dge and consent, and I request :	a work permit be issued.
Signature of Parent of Guardian		Date	

Please follow these steps:

The Student must complete the first half of the application.

Employer must complete The second half of the application.

Please make sure the Employers includes Workers Compensation Insurance information.

Return completed application to the counselor for an official work permit.

The work permit will be completed shortly after.

Work Permit Application

Note: This is not the permit.

