

PERRY COUNTY JOB AND FAMILY SERVICES
Employment Program Registration

Please complete all questions so your registration will be complete. In order to move forward with registration process, we MUST have a telephone number where you can be reached. If you need help completing this form, we are happy to help. Please call 740-721-0674.

Registrant's Name: _____ Address: _____ City: _____ Zip: _____

Email: _____ Phone Number: _____ Parent/Guardian Phone Number: _____

Name of School: _____ Current Grade in School: _____ T-Shirt Size: _____

Social Security Number: _____ *Age: _____ Birthdate: _____ Gender: _____ U.S. citizen? Yes____ No____

**If you are 18 or older, Voter Registration will be explained at the time of interview.*

Plans for after graduating: _____

Complete the information below for anyone living in your home, including yourself. You are required to verify income for all members of your household.

<u>Name & Social Security #</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Source of Income</u>	<u>Last 30 Days of Income</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

When you and your parent/guardian (if you are under 18 years old) sign below, you are agreeing that:

- Providing information regarding your family's income is needed in order to complete the registration process.
- The information provided in this registration is accurate to the best of your knowledge.
- You understand that your registration will be reviewed by PCJFS who will make the final determination of your eligibility.
- You permit your registration to be shared with the program administrator, HockingAthensPerry Community Action.
- You will be registered into the State of Ohio's job and career development system, including the OhioMeansJobs.com online job bank.

REGISTRANT'S SIGNATURE _____ DATE _____ PARENT/GUARDIAN SIGNATURE _____ DATE _____

Approved _____ Denied _____

Office Use Only

Date: _____ Caseworker _____



Perry County

A proud partner of the
American Job Center network

Employment Questionnaire



We are excited that you are registering for the Summer Employment Program! We ask that you complete this questionnaire to give us some background about yourself. Please return this with your registration form. If you need assistance with completing the form, please call us at 740-684-7012.

Name of Employee _____

Middle School/High School _____ Current Grade _____

T-shirt Size _____

1. Can you provide your own transportation if fuel assistance was provided?
2. Will you be able to start on June 3rd?
3. Are you able to work up to 40 hours a week? If no, how many hours are you able to work?
4. Do you have any commitments over the summer? If so when? (Vacation, fair, etc.)
5. Are there any working conditions you have concerns about?
6. What would you like to do for your job or career? If you have not thought about it, it is ok to put that down.
7. Are you thinking about going to college? If not, have you considered short-term trainings like EMT, STNA, or, CDL?
8. We would love to know more about you so that this is the best experience it can be for you. Is there anything else you would like to share? Please use the back of this paper for more space.

ATTENTION

ALL 14 & 15 YEAR OLDS

This page contains very important information;
please read carefully!

URGENT

1. The “STUDENT/APPLICANT INFORMATION” section of the APPLICATION FOR MINOR WORK PERMIT is to be filled out completely and signed by a parent or guardian.
2. The PHYSICIAN’S CERTIFICATE FOR MINOR WORK PERMIT must be filled out and signed by your doctor. If you had a sports physical for this school year, check with your school to see if they will accept it and if they have it on record.
3. Return both of these documents to your high school office.
4. Once the application has been approved, the school will produce the Work Permit and mail it to the Perry County Department of Job and Family Services.

APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

☐

Male

☐

Female

Grade Level:

Proof of Age (Type of document):

Age:

Date of Birth:

Physician's certificate:

☐

Submitted with
this application

☐

Valid physician's
certificate on file

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

X

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

X

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

PLEDGE OF EMPLOYER

Name of Firm:

Telephone Number at Minor's Work Location:

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

Specific Nature of Employment:

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

No. of Days Per Week:

Hours Per Day:

Starting Time:

Quitting Time:

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

☐

YES

☐

NO

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

X

Jace Jackson

Signature of person authorized to sign for employer

11.06.2023

Date signed

740.767.4500

Telephone number

Address of employer if different from minor's place of employment

LAWS COM 0000 (Replaces Ohio Form II & III)

E-Mail address

(Optional- if employer wants notification in case of revocation)

PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC
4109.02 ORC

APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

☐ Male ☐ Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

	ft.	in.	lbs.		
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Distinguishing Characteristics, if any:

--

School District:

Building:

--	--

Parent or Guardian:

Parent or Guardian Telephone Number:

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PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

☒ IS ☐ IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

X

Physician's Signature

--

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate: ☐ YES ☐ NO

If Marked YES;
Employment should be Limited to Work Specified Below:
