

APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

Date of Application _____

Certificate/Permit Number _____

Date Issued _____

PDE-4565 (10/91)

A. To be completed by issuing officer

Name of Minor	Sex _____ Color of Hair _____ Color of Eyes _____	Signature of Issuing Officer
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Any Distinguishing Physical 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 the one accepted.								
Month	Day	Year	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Transcript of birth certificate</td> <td style="width: 25%;">b. Baptismal certificate or transcript</td> <td style="width: 25%;">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	
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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
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C. To be completed by prospective employer

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

*** Hours of employment-Ages 14 and 15**

Maximum 3 hours on school days
Maximum 18 hours per week
Maximum 8 hours on nonschool days
Maximum 40 hours per nonschool week

Summer Vacation

Maximum 8 hours per day
Maximum 40 hours per week

Night Work

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.

***Federal Law**

Hours of employment - Ages 16 and 17

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.

Summer Vacation: Maximum 8 hours per day,
44 hours per week.

Night Work

School Term: May not work after midnight
Sunday thru Thursday or before 6 a.m. any day.
Exception: Preceding non-school day 1 a.m.
No limits during summer.

Employer: Within the limitations as identified in "Hours of Employment,"
please fill in the following:

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

___ hrs. ___ hrs. ___ hrs. ___ hrs. ___ hrs. ___ hrs. ___ hrs.

Maximum hours: per day _____ per week _____

Name, address and telephone number of employer:

_____ Zip _____

Signature of Owner or Manager:

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

_____ is physically qualified with the following limitations: _____

Signature of Examiner:

Address of Examiner: