

# APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

PDE—4565 (10/91)

Date of Application \_\_\_\_\_

Certificate/Permit Number \_\_\_\_\_

Date Issued \_\_\_\_\_

**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 Characteristics: _____	School District – Name and Address  Boyertown Area School District 911 Montgomery Avenue Boyertown PA 19512 (610) 367-6031
Place of Residence _____	

Date of Birth	Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but one accepted.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Month</th> <th style="width: 33%;">Day</th> <th style="width: 33%;">Year</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Month	Day	Year				a. Transcript of birth certificate	b. Baptismal certificate or transcript	c. Passport
Month	Day	Year							
	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 (NOTE: Ages 14-15 CANNOT work in any establishment that serves alcohol!)**

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

<p><u>* Hours of employment – Ages 14 &amp; 15</u>          Maximum 3 hours on school days          Maximum 18 hours per week          Maximum 8 hours per nonschool week</p> <p><u>Summer Vacation</u>          Maximum 8 hours per day          Maximum 40 hours per week</p> <p><u>Night Work</u>          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.</p> <p><b>* Federal Law</b></p>	<p><u>Hours of employment – Ages 16 &amp; 17</u>          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.</p> <p><u>Summer Vacation</u>          Maximum 8 hours per day, 44 hours per week</p> <p><u>Night Work</u>          School term – May not work after midnight Sunday through Thursday or before 6 a.m. any day.          Exception – Preceding nonschool day 1 a.m. No limits during summer.</p>	<p>Employer: Within the limitations as identified in "Hours of Employment," please fill out the following:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>Sun</u></td> <td style="text-align: center;"><u>Mon</u></td> <td style="text-align: center;"><u>Tue</u></td> <td style="text-align: center;"><u>Wed</u></td> <td style="text-align: center;"><u>Thur</u></td> <td style="text-align: center;"><u>Fri</u></td> <td style="text-align: center;"><u>Sat</u></td> </tr> <tr> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> <td style="text-align: center;">_hrs</td> </tr> </table> <p>Maximum hours: per day ____ per week ____</p> <p>Name, address and telephone number of employer:          _____          _____          _____ Zip _____</p> <p>Telephone Number _____          Signature of Owner or Manager: _____</p>	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>	_hrs	_hrs	_hrs	_hrs	_hrs	_hrs	_hrs
<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thur</u>	<u>Fri</u>	<u>Sat</u>										
_hrs	_hrs	_hrs	_hrs	_hrs	_hrs	_hrs										

**D. To be completed by examining physician, certified nurse practitioner or certified registered nurse practitioner employer by the board of school directors, by the minor's family 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.  
 \_\_\_\_\_ s physically qualified with the following limitations: \_\_\_\_\_.

Signature of Examiner: _____	Address of Examiner: _____
Date: _____	

\*Note: Please PRINT NAME below signature . . . Thank You.  
 Commonwealth of Pennsylvania – Department of Education