

# 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:  Place of Residence _____	School District - Name and Address _____
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Date of Birth	Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the 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: 30px;"> </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

<input type="checkbox"/> General Employment Certificate	<input type="checkbox"/> Transferable Work Permit (in lieu of General Employment Certificate)
<input type="checkbox"/> Vacation Employment Certificate	<input type="checkbox"/> 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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Commonwealth of Pennsylvania - Department of Education

**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.

<p><b>* Hours of employment - Ages 14 and 15</b></p> <p>Maximum 3 hours on school days Maximum 18 hours per week Maximum 8 hours on nonschool days Maximum 40 hours per nonschool week</p> <p><u>Summer Vacation</u></p> <p>Maximum 8 hours per day Maximum 40 hours per week</p> <p><u>Night Work</u></p> <p>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><u>Hours of employment - Ages 16 and 17</u></p> <p>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></p> <p>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.</p>	<p>Employer: Within the limitations as identified in "Hours of Employment," please fill in the following:</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Sun.</td> <td style="text-align: center;">Mon.</td> <td style="text-align: center;">Tues.</td> <td style="text-align: center;">Wed.</td> <td style="text-align: center;">Thurs.</td> <td style="text-align: center;">Fri.</td> <td style="text-align: center;">Sat.</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>Signature of Owner or Manager: _____</p>	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.										
__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.	__ hrs.										

**\*Federal Law**

**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: _____
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