

**OCEANSIDE HIGH SCHOOL  
Oceanside, New York**

**WORK PERMIT INSTRUCTIONS**

Step 1

Parent Signature

~~Step 2~~

~~Last 4 digits of student's social security number~~

Step 3

Legal proof of date of birth as follows:

Birth Certificate, Passport, driver's permit, driver's license

Step 4

Physical examination may be done by school doctor or private doctor. Physical form must be dated within the past year (12 months). A sport physical done by the school doctor may be used providing it was done within the past year.

School Doctor's Hours: Check with School Nurse

Working card will only be issued:      a) during your lunch  
   b) during your break

**DURING SUMMER: PLEASE CALL PRIOR TO  
ARRIVING AT OHS (516-678-7526) MAIN OFFICE WILL  
INFORM YOU OF HOURS FOR WORK PERMITS.**

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT CERTIFICATE

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

**PART I – Parental Consent** – (To be completed by applicant and parent or guardian)

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, ..... Age .....

[Applicant]

Home Address ....., apply for a certificate as checked below

[Full Home Address including Zip Code]

- Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required.
- Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school.

I hereby consent to the required examination and employment certification as indicated above.

.....  
[Signature of Parent or Guardian]

**PART II – Evidence of Age** – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any) .....

[Date of Birth]

Birth Certificate      State Issued Photo      I.D Driver's License      Other.....

[Specify]

**PART III – Certificate of Physical Fitness**

Applicant shall present documentation of physical exam from a school or private physician, physician's assistant or nurse practitioner licensed to practice within New York State. Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school ..... If physical exam is over 12 months, provide student with certificate of physical fitness to be completed by school medical director or private health care provider.

If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate. THE PHYSICIAN'S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.

**PART IV – Pledge of Employment** – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ ..... residing at .....

[Applicant]

as ..... at .....

[Description of Applicant's Work]

[Job Location]

for ..... days per week ..... hours per day, beginning ..... a.m. .... p.m.

..... Factory ending..... a.m. .... p.m.

[Name of Firm]

Nonfactory .....

[Address of Firm]

..... Starting date .....

[Telephone Number]

[Signature of Employer]

**PART V – Schooling Record** – (To be completed by school official)

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

I certify that the records of .....

[Name of School]

[Address]

Show that ..... whose date of birth is .....

[Name of Applicant]

Is in grade.....

[Signature of Principal of Designee]

**PART VI – Employment Certification** – (To be completed by issuing official only)

Certificate Number ..... Date Issued .....

[School or Issuing Center]

[Address]

[Signature of Issuing Officer]

## GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

**A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.**

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

## PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, cutting, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driver machinery; and others listed in Section 133 of the New York State Labor Law.

## HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

**When school is in session:**

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

**When school is not in session:**

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

**When school is in session:**

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight on days followed by a school day without written consent of parent or guardian and a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
- between 10 p.m. and 12 midnight on days not followed by a school day without written consent of parent or guardian.

**When school is not in session:**

- more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

## EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."

Oceanside Union Free School District  
Oceanside, NY 11572

**Physical Examination**

School # \_\_\_\_\_

Grade \_\_\_\_\_

The law requires that all pupils in public schools be examined by a physician upon entrance to each school, and upon entering kindergarten, second, fourth, seventh, and tenth grades. Examination by the family physician is recommended annually.

Please return the completed form to the pupil's classroom teacher when the pupil is examined by the family physician, physician assistant, or nurse practitioner.

**Child's Name** \_\_\_\_\_

**Date of Examination** \_\_\_\_\_

Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

BMI \_\_\_\_\_ Percentile \_\_\_\_\_

Eyes- vision with glasses R \_\_\_\_\_ L \_\_\_\_\_  
vision w/o glasses R \_\_\_\_\_ L \_\_\_\_\_

Hearing \_\_\_\_\_

Ears- Ooscopic \_\_\_\_\_

Genito-Urinary \_\_\_\_\_

Urinalysis \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Lungs \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Nervous System- Specify  
if epileptic \_\_\_\_\_

Nose \_\_\_\_\_

Nutrition \_\_\_\_\_

Orthopedic \_\_\_\_\_

Including Scoliosis \_\_\_\_\_

Skin \_\_\_\_\_

Speech \_\_\_\_\_

Thyroid \_\_\_\_\_

Tonsils \_\_\_\_\_

Allergies \_\_\_\_\_

Other \_\_\_\_\_

**CURRENT MEDICATIONS AND TREATMENTS** \_\_\_\_\_

**MEDICAL/SURGICAL HISTORY** \_\_\_\_\_

Explanation \_\_\_\_\_

Is this child able to participate in all physical education activities? \_\_\_\_\_

If no, please state limitation and diagnosis \_\_\_\_\_

Recommendation for follow-up \_\_\_\_\_

**INITIAL IMMUNIZATIONS AND BOOSTERS**

DPT (1) \_\_\_\_\_ (4) \_\_\_\_\_  
(2) \_\_\_\_\_ (5) \_\_\_\_\_  
(3) \_\_\_\_\_ (6) \_\_\_\_\_

DT \_\_\_\_\_

DTap \_\_\_\_\_

Tdap \_\_\_\_\_

Polio (TOPV) Oral/IVP

(1) \_\_\_\_\_ (4) \_\_\_\_\_

(2) \_\_\_\_\_ (5) \_\_\_\_\_

(3) \_\_\_\_\_ (6) \_\_\_\_\_

Varicella Disease \_\_\_\_\_

Varivax (1) \_\_\_\_\_ (2) \_\_\_\_\_

MMR (1) \_\_\_\_\_ (2) \_\_\_\_\_

or

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Rubella \_\_\_\_\_

HIB (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Hep A (1) \_\_\_\_\_ (2) \_\_\_\_\_

Hep B (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Menactra \_\_\_\_\_

PCV \_\_\_\_\_

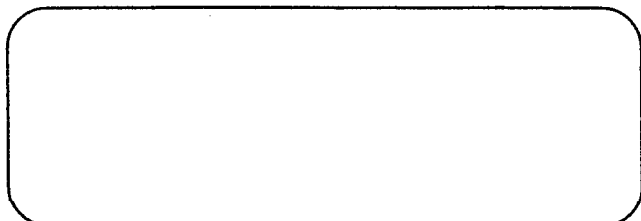
Tuberculin Test \_\_\_\_\_

Lead Screening Level \_\_\_\_\_

Chest x-ray \_\_\_\_\_

ARE THERE ANY FACTORS WHICH MAY PLACE THIS CHILD  
AT RISK FOR SCHOOL PROBLEMS? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*\*\*\* NOT VALID WITHOUT PHYSICIAN'S STAMP \*\*\*\*\*



\_\_\_\_\_  
**Physician's Signature**

**HEALTH HISTORY – FOR NEW ENTRANTS  
AND TO UPDATE HEALTH HISTORY RECORD**

**TO PARENTS:**

Please fill in and return the completed form to the pupil's classroom teacher or school nurse.

<b>DISEASES</b>	<b>DATE</b>	<b>DISEASES</b>	<b>DATE</b>	<b>DISEASES</b>	<b>DATE</b>
Anemia		German Measles		Scarlet Fever	
Asthma or Allergy		Measles		Tuberculosis	
Chicken Pox		Mononucleosis		Contacts with Tuberculosis	
Diabetes		Mumps		Whooping Cough	
Ear Problem		Nephritis		Other Illness	
Epilepsy		Pneumonia			
Frequent Colds, Sore Throats		Rheumatic Fever			

<b>OPERATIONS</b>	<b>DATE</b>	<b>SERIOUS INJURIES</b>	<b>DATE</b>
APPENDECTOMY			
TONSILLECTOMY			
OTHER			

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Comments:**

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