

## **Work Permit Information**

Attached is the following information:

1. Parent Permission Letter (to be completed by Parent or Legal Guardian)
2. Statement of Intention to Employ (to be completed by prospective employer)
3. Certificate of Physical Fitness (to be completed by a physician)

In order to obtain a work permit you must:

1. Bring all of the attached papers completely filled out.
2. Bring a copy of student's birth certificate.
3. Have a parent/guardian accompany student to meet with the Issuing Officer.

**Work permits will not be issued after 2:30 p.m.**

**Parent/Guardian Permission Letter  
for  
Illinois State Employment Certificate**

*Please fill out the following information:*

Name of Minor: \_\_\_\_\_

Address of Minor: \_\_\_\_\_

City & State \_\_\_\_\_

Minor was born in:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Birth Certificate Registration Number: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

City & State: \_\_\_\_\_

**A copy of birth certificate and the parent must accompany child when receiving the work permit.**

My child, \_\_\_\_\_ has my permission to be employed  
by \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Statement of Intention to Employ**

The following information is being provided for said minor to obtain an Employment Certificate from the State of Illinois so that he/she may be employed by the industry listed below.

Minor's Name: \_\_\_\_\_

Name of Work Establishment: \_\_\_\_\_

Address of Work Establishment: \_\_\_\_\_

\_\_\_\_\_

Telephone Number of Work Establishment: \_\_\_\_\_

Nature of Industry: \_\_\_\_\_

Is Liquor Served? \_\_\_\_\_

Is this for Summer Work Only? \_\_\_\_\_

Occupation Title: \_\_\_\_\_

Duties of Minor: \_\_\_\_\_

Number of Hours Per Day Minor Will Work on School Days: \_\_\_\_\_

Number of Hours Per Day Minor Will Work on Days School is Not in Session: \_\_\_\_\_

Number of Days Per Week Minor Will Be Employed: \_\_\_\_\_

**Signature of Prospective Employer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**State of Illinois**  
**Department of Labor**  
**Certificate of Physical Fitness**  
Required by Section 12 of the Child Labor Law, 820 ILCS 205/1-22

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Description of Work Requested: \_\_\_\_\_

\_\_\_\_\_

Remarks (Physical Fitness for Requested Work): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Examiner

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Date