

**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 _____	Signature of Issuing Officer _____	
			Color of Hair _____		
			Color of Eyes _____		
Any Distinguishing 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 one accepted.			
Month	Day	Year	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.	

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:
 _____ General Employment Certificate _____ Transferable Work Permit (in lieu of General Employment Certificate)
 _____ Vacation Employment Certificate _____ Transferable Work Permit (in lieu of Vacation Employment Certificate)

Mark only one

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) (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>* Hours of employment – Ages 14 & 15 Maximum 3 hours on school days Maximum 18 hours per week Maximum 8 hours per non-school week</p> <p>Summer Vacation Maximum 8 hours per day Maximum 40 hours per week</p> <p>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.</p> <p>* Federal Law</p>	<p>Hours of employment – Ages 16 & 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.</p> <p>Summer Vacation Maximum 8 hours per day, 44 hours per week</p> <p>Night Work 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;">Sun</td> <td style="text-align: center;">Mon</td> <td style="text-align: center;">Tue</td> <td style="text-align: center;">Wed</td> <td style="text-align: center;">Thur</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: Philadelphia Youth Network, Inc. 714 Market Street Suite 304 Philadelphia, PA 19106</p> <p>Signature of Owner or Manager: _____ </p>	Sun	Mon	Tue	Wed	Thur	Fri	Sat	__hrs	__hrs	__hrs	__hrs	__hrs	__hrs	__hrs
Sun	Mon	Tue	Wed	Thur	Fri	Sat										
__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: _____
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