

# WORK PERMIT APPLICATION

## REQUEST FOR WORK PERMIT AND STATEMENT OF INTENT TO EMPLOY MINOR

*Washington Union High School 6041 S. Elm Avenue, Fresno CA 93706 Phone: 559-485-8805*

### Application Instructions:

1. This is NOT A WORK PERMIT.
2. Complete the minor section and have your parent sign.
3. Have your place of employment complete their section.
4. Return completed form to this office for an OFFICIAL work permit.
5. Student MUST be present to sign his/her work permit.

Type of Employee:       Regular       Vacation       Work Experience       Exempt

### FOR MINOR TO COMPLETE:

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

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Phone Number

### FOR EMPLOYER TO COMPLETE:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Kind of Work to Perform

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Employer's Phone

\_\_\_\_\_  
Starting Wage

\_\_\_\_\_  
Maximum Number of Hours

\_\_\_\_\_  
Employer's Workers Comp Insurance Co.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name (printed)

### FOR SCHOOL TO COMPLETE:

\_\_\_\_\_  
Minor's Date of Birth

Work Permit Approved

Work Permit Denied

\_\_\_\_\_  
Reason for Denial

\_\_\_\_\_  
Administrator's Signature

### FOR PARENT TO COMPLETE:

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date