## APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

| Date of Application       |  |
|---------------------------|--|
| Certificate/Permit Number |  |
| Date Issued               |  |

| PDE-4565 (10/91)                                 |             |             |                                 |   |  | Date Issued   |  |
|--|-------------|-------------|---------------------------------|---|--|---|--|
| A. To be   | completed   | by issuin   | g officer                       |   |  |   |  |
| Name of Minor                                    |             |             | Sex Color of Hair Color of Eyes |   | Signature of Issuing Officer                     |   |  |
| Any Distir                                       | nguishing   | Physical Cl | naracteristics:                 |   |  | District - Name and Address   |  |
| Place of R                                       | esidence    |             |                                 |   |  |   |  |
| D  | ate of Birt | h           | Evidence of age                 | accepted and filed. Eviden  | ce shall be red                                  | uired in the order designated. Cross out all but the one accepted.  |  |
| Month  | Day         | Year        | a. Transcrip                    | ot of birth certificate   |  | b. Baptismal certificate or transcript c. Passport  |  |
|  |             |             | d. Other do                     | cumentary 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 is   | ssuing officer                                   |   |  |
| I, the pare                                      |             |             | Ma                              | ove-named minor, request t  | the issuance o                                   | f 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) |  |   |  |
| Signature of Parent, Guardian or Legal Custodian |             |             |                                 | Name an   | d Address of Parent, Guardian or Legal Custodian |   |  |
| Commor   | nwealth of  | f Pennsylva | ania - Department o             | of Education  |  |   |  |

| The undersigned expects to employ the n   | inor as ir (type of work)   | the industry of(kind of industry)   |
|---|---|---|
| The minor will work during such times and Labor Law, Act of May 13, 1915, P.L. 28   | d in accordance with the maximum hours perm   | hissable by law as established by Section 4 and 12 of the Child   |
| ours of employment-Ages 14 and 15 aximum 3 hours on school days aximum 18 hours per week aximum 40 hours per nonschool days aximum 40 hours per nonschool week ummer Vacation aximum 8 hours per day aximum 40 hours per week ight Work chool term-may not work after 7 p.m. r before 7 a.m. xception - Summer Vacation until 9 p.m. ut not before 7 a.m. | Hours of employment - Ages 16 and 17  Maximum 8 hours on any given day. Maximum 28 hours (MonFri.). Plus an additional 8 hours on Saturday and an additional 8 hours on Sunday. Maximum 44 hours per week.  Summer Vacation: Maximum 8 hours per day, 44 hours per week.  Night Work  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. | Employer: Within the limitations as identified in "Hours of Employment please fill in the following:  Sun. Mon. Tues. Wed. Thurs. Fri. Sat. hrshrshrshrshrshrshrs.  Maximum hours: per day per week  Name, address and telephone number of employer:  Zip  Signature of Owner or Manager: |
| of school directors, by the minor's fall hereby certify that the minor named on the is physically qualified for the empire is physically qualified for the period.  | cian, certified nurse practitioner or certification or by a physician designal this form has been thoroughly examined and:  alloyment specified in the statement of the prosocial of, after which time a new expowing limitations:  | pective employer.<br>amination is required.   |

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