

# APPLICATION FOR EMPLOYMENT CERTIFICATE OR TRANSFERABLE WORK PERMIT

Date of Application \_\_\_\_\_

Certificate/Permit Number \_\_\_\_\_

Date Issued \_\_\_\_\_

PDE-4565 (10/91)

Name of Minor _____	Sex _____ Color of Hair _____ Color of Eyes _____	Signature of Issuing Officer _____
---------------------	---	------------------------------------

Any Distinguishing Physical Characteristics: _____	School District - Name and Address <b>James E. Lewis Home &amp; School Visitor Norristown Area School District 1900 Eagle Drive Norristown, PA 19403</b>
Place of Residence _____	

Date of Birth Month _____ Day _____ Year _____	Evidence of age accepted and filed. Evidence shall be required in the order designated. Cross out all but the one accepted. 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:

Mark only one

<input type="checkbox"/> General Employment Certificate	<input type="checkbox"/> Transferable Work Permit (in lieu of General Employment Certificate)
<input type="checkbox"/> Vacation Employment Certificate	<input type="checkbox"/> Transferable Work Permit (in lieu of Vacation Employment Certificate)

Signature of Parent, Guardian or Legal Custodian _____	Name and Address of Parent, Guardian or Legal Custodian _____
--	---

Commonwealth of Pennsylvania - Department of Education

**C. To be completed by prospective employer**

The undersigned expects to employ the minor as \_\_\_\_\_ in the industry of \_\_\_\_\_  
(type of work) (kind 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><b>* Hours of employment - Ages 14 and 15</b></p> <p>Maximum 3 hours on school days Maximum 18 hours per week Maximum 8 hours on nonschool days Maximum 40 hours per nonschool week</p> <p><u>Summer Vacation</u></p> <p>Maximum 8 hours per day Maximum 40 hours per week</p> <p><u>Night Work</u></p> <p>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><b>* Federal Law</b></p>	<p><u>Hours of employment - Ages 16 and 17</u></p> <p>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><u>Summer Vacation:</u> Maximum 8 hours per day, 44 hours per week.</p> <p><u>Night Work</u></p> <p>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.</p>	<p>Employer: Within the limitations as identified in "Hours of Employment," please fill in the following:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Sun.</td><td>Mon.</td><td>Tues.</td><td>Wed.</td><td>Thurs.</td><td>Fri.</td><td>Sat.</td> </tr> <tr> <td>____ hrs.</td><td>____ hrs.</td><td>____ hrs.</td><td>____ hrs.</td><td>____ hrs.</td><td>____ hrs.</td><td>____ hrs.</td> </tr> </table> <p>Maximum hours: per day _____ per week _____</p> <p>Name, address and telephone number of employer: _____</p> <p>_____ _____ _____ Zip _____</p> <p>Signature of Owner or Manager: _____</p>	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.
Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.										
____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.	____ hrs.										

**D. To be completed by examining physician, certified nurse practitioner or certified registered nurse practitioner employed by the board of school directors, by the minor's family physician or by a 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.
- \_\_\_\_\_ is physically qualified with the following limitations: \_\_\_\_\_

Signature of Examiner: _____	Address of Examiner: _____
------------------------------	----------------------------

**WORKING PERMIT APPLICATION CHECK-OFF**  
**Remember-Alcohol and Under 16= NO EMPLOYMENT!**

**For 14-15 Year Olds = Yellow Permit**

- Fill in section "A" and "B" on the top of the application. Check off the area that says "Vacation Employment Certificate". Your parent/guardian must sign this part in front of the issuing attendant, and a copy of your birth certificate or the notarized form attached to this application if they cannot appear.
- Section "C" must be completed by the place that is going to hire you. We need the hours you will be working, their address, your new job title and a signature of the manager/owner.
- Section "D" must be completed by your family doctor. Upon completion of your physical, they need to check of the appropriate area and sign with their address.

If you change jobs, you will need to apply again for another permit. If your physical has been within one (1) year , your family doctor only needs to sign your form. No cause for an additional physical.

When all is completed, return application to the Guidance office at NAHS and student will receive his or her yellow working permit. Hours are 7:00 am to 2:30 pm. Monday through Friday, year round.

**For 16-17 Year Olds = Blue Working Card**

- Fill in section "A" and "B" on the top of the application. Check off the area that says "Transferable Work Permit, in lieu of Vacation Employment Certificate". Your parent/guardian must sign this part in front of the issuing attendant, and a copy of your birth certificate or the notarized form attached to this application if they cannot appear.
- Section "C" must be completed by the place that is going to hire you. We need the hours you will be working, their address, your new job title and a signature of the manager/owner.
- Section "D" must be completed by your family doctor. Upon completion of your physical, they need to check of the appropriate area and sign with their address.

When all is completed, return application to the Guidance office at NAHS and student will receive his or her Blue Working Card. Hours are 7:00 am to 2:30 pm. Monday through Friday, year round.

Upon receiving your Blue Working Card, have it laminated. This will extend the life of your card. You will not need to re-apply for a card, even if you lose it. Just return to the place that issued your card. Your application should be on file. Show your card each time you change jobs until you reach the age of 18.

**Note:** If a student wishes to work at the Jersey Shore for the summer, they can obtain working papers from our district as long as they permanently reside here. Take the application with you when seeking a job and have section "C" filled in during your hiring interview. This way you will not need to make an unnecessary later to have them sign your form.

## Attestation Document

This form may be used as stated in the following excerpt of the Child Labor Law, as amended: Section 10 ". . . . In lieu of the personal appearance of the parent, guardian, legal custodian, or next friend of the minor, such person may execute a statement before a Notary Public or other person authorized to administer oaths attesting to the accuracy of the facts set forth in the application . . . ."

The application referred to in the above law is the Application For Employment Certificate or Transferable Work Permit, Form PDE 4565.

When this form is used in lieu of personal appearance, the completed form shall be attached to the application form PDE-4565 and transmitted to the responsible Work Permit Issuing Officer of the public school district in which the minor, so named on the application, resides.

---

---

I attest that the information contained on the Application For Employment or Transferable Work Permit, Form PDE-4565 made out in the name of \_\_\_\_\_ is true and accurate.

(Minor's Name)

Signature of Notary Public or  
other person authorized to  
administer oaths

Signature of parent, guardian  
legal custodian or next of friend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PDE-4565A (3/89)

Dear Parent or Guardian:

Since all working Permit Applications must be signed in front of the issuing official, if the parent or guardian cannot physically sign the form in person, due to work schedule, illness or transportation problems, they may fill out this attached form and have it notarized.

It must be attached to the completed application after all other information has been filled in. Norristown Area School District appreciates your compliance in this matter.