

The West Virginia Division of Labor

Wage and Hour Section
Charleston, WV 25305

Work Permit (ages 14 & 15)
Requires the completion of
Section A, B, and C.

Age Certificate (ages 16 & 17)
Requires the completion of
Section A.

APPLICATION FOR EMPLOYMENT CERTIFICATE

After having the appropriate sections completed, submit this application along with proof of age to the Board of Education for the issuance of your work permit or age certificate.

SECTION A
INTENTION TO EMPLOY

To be completed by the prospective employer.

Date

The undersigned expects to employ as
(name of minor)

(type of work performed)

Starting time am pm Ending time am pm

Total hours per day Total hours per week Total days per week

The undersigned agrees to legally employ said minor and return the permit to the Issuing Officer of the Board of Education within two days after termination of the employment of the minor shown above.

(name of company)

(address)

(phone number)

(type of industry)

(signature of company representative)

SECTION B
PARENTAL CONSENT

To be completed by parent or guardian.

Date

I, being the parent or guardian of, do hereby agree and consent to this employment by the above named employer in the specified occupation.

(signature of parent or guardian)

(address)

(phone number)

SECTION C
SCHOOL RECORD

To be completed by principal or teacher of the last school attended.

If for vacation employment, may be completed by the Issuing Officer of the Board of Education.

Date

This certifies that can read and write simple sentences in the English language
(name of minor)

and has completed the grade. Age of minor

(name of school)

(authorized signature)

(county)

(title)

THIS IS NOT REQUIRED UNLESS REQUESTED BY THE EMPLOYER
D. RECORD OF PHYSICAL EXAMINATION

Physician completes this section.

Name of minor _____

Address of minor _____

Age _____ Sex _____ Height _____ Weight _____

Health Items	Satisfactory (Check ✓)	Unsatisfactory (Specify)
Eyes		
Vision		
Ears		
Hearing		
Nose		
Throat		
Teeth		
Lungs		
Heart		
Hernia		
Orthopedic		
Nervous system		
Nutrition		
Skin		

Other remarks: _____

I hereby certify that I have physically examined the minor named on this form, that the above is a true record of my examination, and that minor has reached the normal development of a child of its age. I designate below by placing a circle around the proper letter the physical qualifications of the minor for the employment specified in the statement of the prospective employer.

A. Physically qualified.

B. Physically qualified with the following limitation:

C. Physically qualified for a period of _____ (Months from date)

D. Not physically qualified, pending correction of _____

(Signature of minor)

(Signature of Physician)

(Date)

(Address of Physician)

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.