

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
ALBANY, NY 12234

APPLICATION FOR EMPLOYMENT PERMIT

See reverse side of this form for information concerning employment of minors.

All signatures must be handwritten in ink, and applicant must appear in person before the certifying official

**PART I – Parental Consent** – (To be completed by applicant and parent or guardian)

Date: .....

I, ..... Age .....  
[Applicant] [Last four numbers of Social Security Number]

Home Address ....., apply for a certificate as checked below  
[Full Home Address including Zip Code]

- Newspaper Carrier Permit (See Part III below)
- Farmwork Permit
- Farmwork Permit - Special
- Child Model Permit (See Part IV below)
- Street Trades Permit

I hereby consent to the required examination and employment certification as indicated above.

.....  
[Signature of Parent or Guardian]

**PART II – Evidence of Age** – (To be completed by issuing official only)

..... – Check evidence of age accepted – Document # (if any) .....  
[Date of Birth]

Birth Certificate    State Issued Photo    I.D Driver’s License    Schooling Record    Other.....  
[Specify]

**PART III – Certificate of Physical Fitness**

Applicant shall present documentation of physical exam from a school or private physician, physician’s assistant or nurse practitioner licensed to practice within New York State. Said examination must have been given within 12 months prior to issuance of the employment certificate. Date of physical exam on file with school ..... If physical exam is over 12 months, provide student with certificate of physical fitness to be completed by school medical director or private health care provider.  
*(An exam or Certificate of Physical Fitness is not required for the issuance of Newspaper Carrier Permit if the applicant is qualified to participate in the school physical education program)*

If the physical exam or Certificate of Physical Fitness is limited with regards to allowed work/activity, the issuing official shall issue a Limited Employment Certificate (valid for a period not to exceed 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes jobs. Enter the limitation on the employment certificate. **THE PHYSICIAN’S CERTIFICATION SHOULD BE RETURNED TO THE APPLICANT.**

**PART IV – Schooling Record** – (To be completed by school official)

I certify that the records of .....  
[Name of School] [Address]

Show that ....., whose date of birth is .....  
[Name of Applicant]

Is in grade.....  
[Signature of Principal of Designee]

**PART V – Employment Certification** – (To be completed by issuing official only)

Permit Number ..... Date Issued .....

.....  
[Issuing Center] [Address] [Signature of Issuing Officer]

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT