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

APPLICATION FOR EMPLOYMENT CERTIFICATE

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 comparent or guardian must appear at the unless the minor is a graduate of a forguardian must sign the application, be	e school or issuing center our-year high school and	r to sign the application a	for the first certificate for full-time employment, f. For all other certificates, the parent or
5	ar nota not appear in por	10011 10 00 50.	Date
I,	Age		
[Applicant]			
Home Address	ess including Zip Code]	, apply f	or a certificate as checked below
[] Nonfactory Employment Certificate school when attendance is not required.		oyment of a minor 14 or	15 years of age enrolled in day
[] Student General Employment Certif school when attendance is not required			
[] Full-Time Employment Certificate – day school			7 years of age who is not attending
I hereby consent to the required examination and	d employment certification	on as indicated above.	
		••	[Signature of Parent or Guardian]
PART II – Evidence of Age – (To be comp	leted by issuing official	only)	
– Check 6	evidence of age accepted	- Document # (if any).	
[Date of Birth]			
[] Birth Certificate [] State Issued Photo	[] I.D Driver's License	[] Schooling Record	[] Other [Specify]
practice within New York State.* Said examina physical exam on file with school completed by school medical director or private If the physical exam or Certificate of Physical F Employment Certificate, which will be valid for case, the certificate will remain valid until the m THE PHYSICIAN'S CERTIFICATION SHOULD	ation must have been giv If physical exam is one health care provider. Fitness is limited with regar a period not to exceed (aninor changes jobs. Enter LD BE RETURNED TO	en within 12 months priover 12 months, provide gard to allowed work/ac 6 months, unless the lim the limitation on the emport THE APPLICANT.	itation noted by the physician is permanent, in which ployment certificate.
139 section 6908(f) lists exempted persons auth	orized to practice nursin	ng (inclusive of nurse pr	the state without a NYS license. <u>Education Law Artic</u> cactitioners) in the state without a NYS license.
PART IV - Pledge of Employment - (To			
withdraw from school, according to Section 320:	5 of the Education Law, a	and must show proof of	
The undersigned will employ	plicant	residing at	
as			
[Description of Applicant's Worl	k]	[Job Loca	ntion]
for days per week	nours per day, between .	a.m.	and p.m.
Starting date			
[Name of Firm]	[Address o	f Firm	
Telephone Number			Signature of Employer
PART V - Schooling Record - (To be com Part V must be completed only for a must be require a minor 16 years of age	minor 16 years of age wh	o is leaving school and	resides in a district (New York City and Buffalo) ne Education Law.
I certify that the records of			[Address]
Show that		whose date of birth is .	
Name of Applican	ıt]		
Is in grade		***********	{Signature of Principal or Designee
PART VI – Employment Certification – Certificate Number		ning official only) Date Issued	
School or Issuing Center	f A didword		IStancture of Ionain - Office
Inerior or issuing Chiter	[Address]		[Signature of Issuing Officer]

GENERAL INFORMATION

An employment Certificate (Student Nonfactory, Student General, or Full Time) may be used for an unlimited number of successive job placements in lawful employment permitted by the particular type of certificate.

A Nonfactory Employment Certificate is valid for 2 years from the date of issuance or until the student turns 16 years old, with the exception of a Limited Employment Certificate. A Limited Employment Certificate is valid for a maximum of 6 months unless the limitation noted by the physician is permanent, then the certificate will remain valid until the minor changes job. It may be accepted only by the employer indicated on the certificate.

A new Certificate of Physical Fitness is required when applying for a different type of employment certificate, if more than 12 months have elapsed since the previous physical for employment.

An employer shall retain the certificate on file for the duration of the minor's employment. Upon termination of employment, or expiration of the employment certificate's period of validity, the certificate shall be returned to the minor. A certificate may be revoked by school district authorities for cause.

A minor employed as a Newspaper Carrier, Street Trades Worker, Farmworker, or Child Model, must obtain the Special Occupational Permit required.

A minor 14 years of age and over may be employed as a caddy, babysitter, or in casual employment consisting of yard work and household chores when not required to attend school. Employment certification for such employment is not mandatory.

An employer of a minor in an occupation which does not require employment certification should request a Certificate of Age.

PROHIBITED EMPLOYMENT

Minors 14 and 15 years may not be employed in, or in connection with a factory (except in delivery and clerical employment in an enclosed office thereof), or in certain hazardous occupations such as: construction work; helper on a motor vehicle; operation of washing, grinding, slicing, pressing or mixing machinery in any establishment; painting or exterior cleaning in connection with the maintenance of a building or structure; and others listed in Section 133 of the New York State Labor Law.

Minors 16 and 17 years of age may not be employed in certain hazardous occupations such as: construction worker; helper on a motor vehicle, the operation of various kinds of power-driver machinery; and others listed in Section 133 of the New York State Labor Law.

HOURS OF EMPLOYMENT

Minors may not be employed during the hours they are required to attend school.

Minors 14 and 15 years of age may not be employed in any occupation (except farmwork and delivering, or selling and delivering newspapers):

When school is in session:

- more than 3 hours on any school day, more than 8 hours on a nonschool day, more than 6 days in any week, for a maximum of 18 hours per week, or a maximum of 23 hours per week if enrolled in a supervised work study program approved by the Commissioner.
- after 7 p.m. or before 7 a.m.

When school is not in session:

- more than 8 hours on any day, 6 days in any week, for a maximum of 40 hours per week.
- after 9 p.m. or before 7 a.m.

This certificate is not valid for work associated with newspaper carrier, agriculture or modeling.

Minors 16 and 17 years of age may not be employed: --

When school is in session:

- more than 4 hours on days preceding school days; more than 8 hours on days not preceding school days (Friday, Saturday, Sunday and holidays), 6 days in any week, for a maximum of 28 hours per week.
- between 10 p.m. and 12 midnight on days followed by a school day without written consent of parent of guardian and a certificate of satisfactory academic standing from the minor's school (to be validated at the end of each marking period).
 - between 10 p.m. and 12 midnight on days not followed by a school day without written consent of parent or guardian.

When school is not in session:

— more than 8 hours on any day, 6 days in any week, for a maximum of 48 hours per week.

EDUCATION LAW, SECTION 3233

"Any person who knowingly makes a false statement in or in relation to any application made for an employment certificate or permit as to any matter by this chapter to appear in any affidavit, record, transcript, certificate or permit therein provided for, is guilty of a misdemeanor."

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PHYSICAL FITNESS CERTIFICATION

Name of Applicant:					
Address:					
Date of Birth:	☐ Male ☐ Female				
NSTRUCTIONS TO PHYSICIAN: Complete Part A unless certificate is limited - in which case complete Part B.					
A. I hereby certify that I have examine he / she is physically qualified for la					
(Date of Physical)	(Signature of Physician)				
(Address of Physician) 3. I hereby certify that I have examine		• •			
he / she has a disability that require	s iimitea empioyn	nent.			
(1) Disability -					
(2) Occupation -					
(3) Employer -					
(Date)	(Signature of Ph	ysician)			
(Address of Physician)					

If a limited certificate is indicated, the disability, occupation, and employer must be indicated to make this certificate valid.

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