

Village of Mount Gilead Recreation Department

72 West High Street  
Mount Gilead, Ohio 43338

Office Phone (419) 946-48 61

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Application For Employment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Current e-mail address: \_\_\_\_\_

Position Requested: \_\_\_\_\_

Available positions include: Assistant Pool Manager, Lifeguard, Concession Stand.

Describe the skills and experience you possess to successfully complete the duties of your job.

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Explain why you would like to work with the Village of Mount Gilead, and what strengths you bring to the Recreation Center.

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Department of Labor  
Minor Labor Laws

Section 4109.10

16 or 17 Years of Age

1. Minor Wage Agreement
2. Parent or Guardian Consent Form
3. Must be paid current Minimum Wage (~~\$7.85~~ per hour)

15 Years of Age and Under

1. Minor Wage Agreement
2. Parent or Guardian Consent Form
3. Proof of age (Age & Schooling Permit) ORC 3331.02
4. Work Permit from school
5. Must be paid current Federal Minimum Wage (\$7.25 per hour)

Employer must keep record

1. Work Permit
2. Wage Agreement
3. Record of Breaks (showing starting and stopping time)
4. List of Minors Employed in a conspicuous place
5. Minor Labor Law Poster



**Department of Commerce**

Division of Industrial Compliance & Labor  
John R. Kasich, Governor  
David Goodman, Director

To: All employers in the State of Ohio  
From: Ohio Bureau of Labor and Worker Safety  
Subject: Minor Wage Agreement

**Section 4109.10 of the Ohio Revised Code reads as follows:**

“No employer shall give employment to a minor without agreeing with him as to the wages or compensation he shall receive for each day, week, month, or year; or per piece, for work performed. The employer shall furnish the minor with written evidence of the agreement and on or before each payday, with a statement of the earnings due and the amount to be paid to him. **No employer shall reduce the wages or compensation of any minor without giving him notice at least twenty-four hours previous to the reduction, at which time a written agreement shall be entered into with the minor as in the case of original employment.**”

The following form is furnished as a guide or sample, and may be reproduced by any employer. This form should be prepared in duplicate and signed by both the employer and the minor. One copy to be given to the minor and the other copy to be retained by the employer in the personnel file of the minor.

<b>MINOR AGREEMENT</b>
Employer _____
Date _____ / _____ / _____ has employed
_____ (Print Minor's Name)
a minor who is under 18 years of age and agree that minor shall be paid at the rate of \$ _____ per hour. We also have on file an age and schooling certificate for said minor, unless otherwise exempt under Chapter 4109.
Date of Birth _____ / _____ / _____
Minor's Signature _____
Owner/Official's Signature _____



**Department of Commerce**

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**PARENT or GUARDIAN CONSENT FORM**

**Full Name of Minor**

First	Last	Middle Initial
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**Proof of Age** (Minor must present a copy of proof of age that can be kept with personnel records.)

**Type of Document:**

**Address of Minor**

Street	City, State	Zip
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Date of Birth	Age	School District in Which Minor Lives
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School Minor Attends

**Parent or Guardian Information**

Name of Parent or Guardian	Relationship to Minor
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Address	Telephone Number
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City	State	Zip
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I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may work with my approval.

Signature of Parent or Guardian	Date Signed
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Minors aged sixteen or seventeen who are to be employed during summer vacation months after the last day of the school term in the spring and before the first day of the school term in the fall, in nonagricultural and nonhazardous employment as defined by the "Fair Labor Standards Act of 1938", 52 Stat. 1060.29 U.S.C.A. 201, and similar state statutes, or in the other employment not prohibited to minors age sixteen or seventeen by law, shall not be required to provide an age and schooling certificate as a condition of employment. In order to be hired for employment during summer vacation months, such minors shall provide the employer with the following:

- (1) Evidence of proof of age in the same manner as proof of age is provided the superintendent of schools under division C of section 3331.02 or the Revised Code.
- (2) A Statement signed by the minor's parent or guardian consenting to the proposed employment during the summer vacation months. For the purpose of this section, in the absence of a parent or guardian a person over eighteen years of age with whom the minor resides may sign such statement.

The employer shall retain a copy of the proof of age and the statement of consent with the minor's employment records.

# APPLICATION FOR MINOR WORK PERMIT

3331.02 ORC  
4109.02 ORC

## STUDENT / APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male  Female

Grade Level:

Proof of Age (Type of document):

Age:

Date of Birth:

Physician's certificate:

Submitted with this application  Valid physician's certificate on file

Address of Student /Applicant:

School District:

Building:

Parent or Guardian:

Parent or Guardian Telephone Number:

Address of Parent or Guardian:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND THAT THE MINOR NAMED ABOVE WILL WORK WITH MY APPROVAL.

Signature of Parent or Guardian

Date Signed

THE NUMBER OF HOURS OR DAYS AND THE TIMES DISPLAYED BELOW OR ON THE FINAL PERMIT ARE FOR REGULATORY PURPOSES ONLY AND ARE NOT TO BE CONSTRUED IN ANY WAY OR MANNER TO BE INDICATIVE OF A CONTRACT BETWEEN AN EMPLOYER AND THE EMPLOYEE.

I HEREBY CERTIFY THAT I HAVE EXAMINED AND APPROVED THE ABOVE NOTED DOCUMENTARY PROOF OF AGE.

Superintendent / Chief Administrative Officer / Designated Issuing Officer

Name of Office

Address of Office

## PLEDGE OF EMPLOYER

Name of Firm:

Village of Mt. Gilead Recreation Dept.

Telephone Number at Minor's Work Location:

419-946-4861

Address of Student /Applicant's Place of Employment, Job Site, or Work Location:

72 W. High Street Mt. Gilead, Ohio 43338

Specific Nature of Employment:

Recreation Department

Employer's Tax ID Number (9 digits). THIS FIELD IS MANDATORY

31-6400768

No. of Days Per Week: Hours Per Day: Starting Time: Quitting Time:

① 5    ② 6    ③ 11:00 AM    ④ 6:00 PM

IF MINOR WORKS A VARIED OR IRREGULAR SCHEDULE, ENTER "REPRESENTATIVE" TIMES IN ITEMS 1 THRU 4. ARE HOURS TO BE WORKED WITHIN THE LIMITS OF THE LAW?

YES

NO

THE UNDERSIGNED HEREBY AGREES TO EMPLOY THE ABOVE NAMED CHILD IN ACCORDANCE WITH LAWS REGULATING THE EMPLOYMENT OF MINORS. THE EMPLOYER FURTHER AGREES TO GIVE MINOR A COPY OF THE WAGE AGREEMENT IN ACCORDANCE WITH SEC. 4109.42 ORC. THE EMPLOYMENT WILL BECOME EFFECTIVE AS SOON AS THE NECESSARY AGE AND SCHOOLING CERTIFICATE IS VERIFIED BY THE EMPLOYER. THE EMPLOYER AGREES TO PERMIT THE CHILD TO ATTEND PART TIME SCHOOL WHEN SUCH IS AVAILABLE AND TO NOTIFY THE SCHOOL WITHIN FIVE DAYS AFTER THE EMPLOYMENT OF THE CHILD TERMINATES

Signature of person authorized to sign for employer

Address of employer if different from minor's place of employment

Date signed

419-946-4861

Telephone number

E-Mail address  
(Optional- if employer wants notification in case of revocation)

# PHYSICIAN'S CERTIFICATE FOR MINOR WORK PERMIT

3331.02 ORC  
4109.02 ORC

## APPLICANT INFORMATION

Name of Student / Applicant in full:

Sex:

Male  Female

Date of Birth:

Height:

Weight:

Color of Hair:

Color of Eyes:

<input type="text"/>	<input type="text"/> ft. <input type="text"/> in.	<input type="text"/> lbs.	<input type="text"/>	<input type="text"/>
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Distinguishing Characteristics, if any:

School District:

Building:

<input type="text"/>	<input type="text"/>
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Parent or Guardian:

Parent or Guardian Telephone Number:

<input type="text"/>	<input type="text"/>
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## PHYSICIAN'S APPROVAL

THE UNDERSIGNED HEREBY CERTIFIES THAT THEY HAVE THOROUGHLY EXAMINED THE ABOVE NAMED APPLICANT WHO WAS BORN ON THE DATE STATED ABOVE, AND WHO MEETS THE DESCRIPTION GIVEN HEREON, AND THAT SAID PERSON;

IS  IS NOT

IN THEIR OPINION PHYSICALLY FIT TO PERFORM THE WORK OF ANY EMPLOYMENT NOT FORBIDDEN BY LAW TO A PERSON OF THIS AGE AND SEX.

**X**

Physician's Signature

Date Signed

NOTE: IF WORK SHOULD BE LIMITED TO A CERTAIN TYPE OF EMPLOYMENT, THE PHYSICIAN MUST MARK THIS FORM ACCORDINGLY IN THE AREA BELOW.

Limited Certificate:  YES  NO

If Marked YES;  
Employment should be Limited to Work Specified Below:

<input type="text"/>
<input type="text"/>
<input type="text"/>