



## McHenry County Regional Office of Education

Diana Hartmann, Ed.S.  
Superintendent

408 s. Rt. 31  
McHenry, Illinois., 60050

Phone (815) 334-4475  
Fax (815) 338-0475  
www.mchenry.k12.il.us

Christopher M. Zielinski  
Assistant Superintendent

### Work Permit Application

#### Child Information

Name (Print in full) \_\_\_\_\_ Date of Birth: (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Primary) \_\_\_\_\_ Phone # (Secondary) \_\_\_\_\_

#### Employer Information

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

Work Location \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Hours \_\_\_\_\_

#### Parent/Guardian Declaration

I \_\_\_\_\_ am the parent of this child. I am the legal guarding of this child.  
Name (Print in full)

This is my written consent for my child to be employed. I have read and am familiar with the *Employment Standards Act & Regulation* regarding the employment of young people.

I have noted the specifics of location, hours of work, and type of work to be performed.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone # (Primary) \_\_\_\_\_ Phone # (Secondary) \_\_\_\_\_