

**SMITHTOWN CENTRAL SCHOOL DISTRICT  
SMITHTOWN HIGH SCHOOL EAST  
10 School Street  
St. James, NY 11780-1800  
(631) 382-2700**

## Directions for Completion of Working Papers

**Part I**            Part one of the application to be filled out by applicant and signed by parent/guardian.

**Part II**            ONLY FOR STUDENTS WHO DO NOT ATTEND SMITHTOWN SCHOOLS. Birth Certificate, Baptismal Certificate, Permit or Driver's License must be brought to the Main Office for certification of birth date. This certificate will be returned to you immediately.

**Part III**            MEDICAL EXAMINATION WITHIN THE LAST TWELVE (12) MONTHS IS REQUIRED. You may pick up a copy of your physical in the Health Office if you had a school or sports physical. If not, see your family doctor for verification or physical. Please have the form dated, stamped, and signed.

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.

THIS APPLICATION DOES NOT AUTHORIZE EMPLOYMENT

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

Parent or guardian must appear at the school or issuing center to sign the application for the first certificate for full-time employment, unless the minor is a graduate of a four-year high school and presents evidence thereof. For all other certificates, the parent or guardian must sign the application, but need not appear in person to do so.

Date.....

I, ..... Age .....

[Applicant]

Home Address ....., apply for a certificate as checked below

[Full Home Address including Zip Code]

- Nonfactory Employment Certificate – Valid for lawful employment of a minor 14 or 15 years of age enrolled in day school when attendance is not required.
- Student General Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age enrolled in day school when attendance is not required
- Full-Time Employment Certificate – Valid for lawful employment of a minor 16 or 17 years of age who is not attending day school

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 authorized 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.

If the physical exam or Certificate of Physical Fitness is limited with regard to allowed work/activity, the issuing official shall issue a Limited Employment Certificate, which will be valid for a period not to exceed 6 months, unless the limitation noted by the physician is permanent, in which case, 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.

*\*Education Law Article 131, Section 6526 lists exempted physicians authorized to practice in the state without a NYS license. Education Law Article 139 section 6908(f) lists exempted persons authorized to practice nursing (inclusive of nurse practitioners) in the state without a NYS license.*

**PART IV – Pledge of Employment** – (To be completed by prospective employer)

Part IV must be completed only for: (a) a minor with a medical limitation; and (b) for a minor 16 years of age or legally able to withdraw from school, according to Section 3205 of the Education Law, and must show proof of having a job.

The undersigned will employ ..... residing at .....

[Applicant]

as ..... at .....

[Description of Applicant's Work]

[Job Location]

for ..... days per week ..... hours per day, between ..... a.m and ..... p.m.

Starting date .....

.....  
[Name of Firm]

.....  
[Address of Firm]

- Factory
- Nonfactory

.....  
[Telephone Number]

.....  
[Signature of Employer]

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

Part V must be completed only for a minor 16 years of age who is leaving school and resides in a district (New York City and Buffalo) which require a minor 16 years of age to attend school, according to Section 3205 of the Education Law.

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 or Designee]

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

Certificate Number ..... Date Issued.....

.....  
[School or Issuing Center]

.....  
[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, cutting, 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-driven 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."

**PHYSICAL FITNESS CERTIFICATION**

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\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date of Birth)

Male       Female

**INSTRUCTIONS TO PHYSICIAN:**

**Complete Part A unless certificate is limited --in which case complete Part B**

**A.** I hereby certify that I have examined the above-named applicant and find he/she is physically qualified for lawful employment.

\_\_\_\_\_  
(Date of Physical)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Address of Physician)

**B.** I hereby certify that I have examined the above-named applicant and find he/she has a disability that requires limited employment.

(1) Disability ---

(2) Occupation ---

(3) Employer ---

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Physician)

\_\_\_\_\_  
(Address of Physician)

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