TUCKAHOE HIGH SCHOOL GUIDANCE OFFICE

** WORKING PAPERS MAY BE REVOKED IF SCHOOL OFFICIALS DISCOVER THAT ISSUANCE OF THE WORKING PAPERS WAS BASED ON FALSE INFORMATION**

WORKING PAPERS INSTRUCTION SHEET

IF YOU RESIDE IN THE TUCKAHOE HIGH SCHOOL DISTRICT; OR ATTEND PRIVATE OR PAROCHIAL SCHOOL YOU MUST:

COMPLETE:

PART 1PARENT CONSENT (FORM AT-17)
PART 11 ... EVIDENCE OF AGE (FORM AT-17)
PHYSICIAN'S FORM AT 16: Your doctor must complete this form – sign and stamp it.

AN ORIGINAL OR A GOOD COPY OF YOUR SOCIAL SECURITY CARD AND COPY OF BIRTH CERTIFICATE MUST BE PRESENTED AT THE TIME THE ACTUAL WORKING PAPERS ARE ISSUED. (It is proof of your name, S.S.# and signature)

THEN RETURN ALL SIGNED PAPERS TO THE GUIDANCE OFFICE TO RECEIVE YOUR WORKING CARD.

WORKING CARDS ARE ISSUED TO THE STUDENT ONLY

TUCKAHOE HIGH SCHOOL 65 SIWANOY BOULEVARD EASTCHESTER, NEW YORK 10709 914-337-5376

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 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,
[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)
[] 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
for days per week
Starting date
[] 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
Signature of Psincipal or Designee
PART VI – Employment Certification – (To be completed by issuing official only) Certificate Number
[School or Issuing Center] [Address] [School or Issuing Center]

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT Albany, New York 12234

PHYSICAL FITNESS CERTIFICATION

(Name of Applicant)	(Address)	
	Male Female	A Female
(Date of Birth)	and i ciliate	
INSTRUCTIONS TO PHYSICIAN: Complete Part A unless certificate is limited	lin which case complete Part B	
A. I hereby certify that I have examined physically qualified for lawful employment.	the above-named applicant and find he/she is	
(Date of Physical)	(Signature of Physician)	
(Address of Physician)		
B. I hereby certify that I have examined disability that requires limited employment	the above-named applicant and find he/she has a	
(1) Disability		
(2) Occupation		
(3) Employer		
(Date)	(Signature of Physician)	
(Address of Physician)		<u></u>

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