

Washington Island School
888 Main Rd
Washington Island, WI 54246
Phone: 920 847-2507

**WISCONSIN WORK PERMIT APPLICATION
WASHINGTON ISLAND SCHOOL**

Worker Name: _____ Date: _____

ITEMS NEEDED WHEN APPLYING FOR A WORK PERMIT

(Original Documents required. We will make copies for our records.)

1. Proof of Age: Birth Certificate, Baptismal Certificate, Wisconsin ID or Driver's License
2. Social Security Card
3. The following section filled out completely by the potential employer stating the intent to employ, the job duties, hours of work per day and week and times to be worked.
4. The following section filled out completely by the minor's parent or guardian.
5. \$10.00 (to be paid by the employer)

EMPLOYER:

Company/Employer Name: _____

Phone: _____ Contact Person: _____

Business Address: _____

City: _____ State: _____ Zip: _____

I, _____, plan to employ _____ to do the following
(your name) (minor's name)

(please detail job duties)

Hours per day: _____ Hours per week: _____

Times to be worked:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Employer Signature: _____ Date: _____

PARENT/GUARDIAN:

I, _____, give permission for my child, _____ to work
(your name) (minor's name)
at the following business _____

Parent or Guardian Signature: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____