

A300 Combined Certification Form

Date(s) of previously issued certificates (if applicable): _____

Cooperative Education Experience (CEE) - Hazardous Occupation CEE - Non-Hazardous Occupation Paid Structured Learning Experience

A. Minor's Personal Information						
First Name	M.I.	Last Name	Social Security No.			
Street Address (Line 1)		Floor/Apt. No. (Line 2)	Date of Birth	Age City of Birth		
City		State Zip Code	County of Birth	State/Country of Birth		
Telephone No.		Cell/Alternate No.	<input type="checkbox"/> Male Height _____	Hair Color _____		
			<input type="checkbox"/> Female Weight _____	Eye Color _____		
Parent/Guardian First Name		Parent/Guardian Last Name		Distinguishing Facial Marks (if applicable)		
Parent/Guardian Address (if different than minor's address)			Floor/Apt. No. (Line 2)			
City		State Zip Code	I hereby authorize the employment of my child as specified below under Employment Information.			
Parent/Guardian Telephone No.		Alternate Telephone No.				
		Signature of Parent/Guardian Date				
B. Employment Information						
Employer Business Name			Type of Business/Industry			
Street Address (where minor will be employed)		Floor/Suite (Line 2)	Minor's Job Title (Be specific)			
City		State Zip Code	Is liquor sold on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Contact Person Name			If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Telephone No.			If No, describe what areas of the premises are licensed, including any outside grounds: _____			
Minor's Hours of Work (Provide daily hours and/or start and end times)			Promise of Employment: I have offered employment to the above named minor for the hours stated. I understand that these hours may be flexible but may not exceed the number of hours permitted by law according to the age of the minor. Signature of Employer Date			
Mon _____	Tues _____	Wed _____			Thurs _____	Fri _____
Sat _____	Sun _____	Total Hours for Week: _____				
Wages: Per Hour _____		Weekly _____			Other _____	
C. Physician's Certification (to be completed by licensed physician): I hereby certify that I have examined the above named minor on _____ and I designate the minor's physical qualifications regarding the above promise of employment as: _____ (Date)						
<input type="checkbox"/> Physically Qualified <input type="checkbox"/> Physically Qualified with the following limitations _____						
Signature of Doctor		Date	Address			
D. Proof of Age (for Issuing Officer): I have examined the proof of age submitted by the above named minor which was in the form of (select one):						
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other documentary proof in existence for at least one year (specify): _____						
<input type="checkbox"/> Affidavit of Parent/Guardian together with 1) physician's statement of opinion as to age of minor, and 2) school record of age and the above date of birth						
E. School Record (to be completed by school that the minor attends)			F. Issuing Officer Certification			
School District		County	School District	County		
Egg Harbor Township		Atlantic	School District Address			
Name of School			Telephone No.			
Alder Avenue Middle School						
School Address						
25 Alder Avenue, Egg Harbor Township, NJ 08234						
Last Grade Completed _____			<input type="checkbox"/> Regular Employment Certificate			
			<input type="checkbox"/> Vacation Employment Certificate (summer & other school vacations)			
			<input type="checkbox"/> Age Certificate (issued to persons 18 to 21 years of age) Age: _____			
The above named minor attends school in this district and has completed the work of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.			Signature of Minor Date			
Signature of Principal			Signature of Issuing Officer Date of Issue Certificate No.			
Date						