

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)		
City		State	Zip Code	Minor's Job Title (Be specific)
Contact Person Name		Is liquor sold on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone No.		Alternate Telephone No.		
		If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minor's Hours of Work (Provide daily hours and/or start and end times)		If No, describe what areas of the premises are licensed, including any outside grounds:		
Mon	Tues	Wed	Thurs	Fri
Sat _____	Sun _____	Total Hours for Week: _____		
Wages: Per Hour _____		Weekly _____	Other _____	
		Signature of Employer		
		Date		
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	Egg Harbor Township	Atlantic	
Name of School	School District Address			
Egg Harbor Township High School	24 High School Drive, Egg Harbor Township, NJ 08234			
School Address	Telephone No.			
24 High School Drive, Egg Harbor Twp., NJ 08234	653-0100			
Last Grade Completed _____	<input type="checkbox"/> Regular Employment Certificate			
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.		<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: _____		
Signature of Principal		Signature of Minor		Date
Date		Signature of Issuing Officer		Date of Issue Certificate No.