

**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	
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 If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe what areas of the premises are licensed, including any outside grounds: _____	
Contact Person Name					
Telephone No.		Alternate Telephone No.			
Minor's Hours of Work (Provide daily hours and/or start and end times)				<b>Promise of Employment:</b> 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 _____		
<b>C. Physician's Certification</b> (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 _____					
<b>D. Proof of Age</b> (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			
Egg Harbor Township		Atlantic			
Name of School			School District Address		
Fernwood Avenue Middle School			24 High School Drive, Egg Harbor Township, NJ 08234		
School Address			Telephone No.		
4034 Fernwood Avenue, Egg Harbor Twp., NJ 08234			653-0100		
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 Principal _____			Signature of Issuing Officer _____ Date _____		
Date _____			Date of Issue      Certificate No.		