

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)	I hereby authorize the employment of my child as specified below under Employment Information.
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)																		
City	State Zip Code																		
Contact Person Name	Minor's Job Title (Be specific)																		
Telephone No.	Alternate Telephone No.																		
Minor's Hours of Work (Provide daily hours and/or start and end times)	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:																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">Mon</td> <td style="text-align:center;">Tues</td> <td style="text-align:center;">Wed</td> <td style="text-align:center;">Thurs</td> <td style="text-align:center;">Fri</td> <td></td> </tr> <tr> <td>Sat _____</td> <td>Sun _____</td> <td colspan="2">Total Hours for Week: _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Wages: Per Hour _____</td> <td>Weekly _____</td> <td>Other _____</td> <td></td> <td></td> </tr> </table>	Mon	Tues	Wed	Thurs	Fri		Sat _____	Sun _____	Total Hours for Week: _____				Wages: Per Hour _____		Weekly _____	Other _____			<p>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.</p>
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)

Physically Qualified 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):

Birth Certificate Baptismal Certificate Passport Other documentary proof in existence for at least one year (specify): _____

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)

School District _____ County _____

Name of School _____

School Address _____

Last Grade Completed _____

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 _____ Date _____

F. Issuing Officer Certification

School District _____ County _____

Egg Harbor Township Atlantic

School District Address
24 High School Drive, Egg Harbor Township, NJ 08234

Telephone No.
653-0100

Regular Employment Certificate
 Vacation Employment Certificate (summer & other school vacations)
 Age Certificate (issued to persons 18 to 21 years of age) Age: _____

Signature of Minor _____ Date _____

Signature of Issuing Officer _____ Date of Issue _____ Certificate No. _____