

**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:
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Total Hours for Week: _____ Wages: Per Hour _____ Weekly _____ Other _____	<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

**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
Egg Harbor Township	Atlantic
Name of School	
NOT ENROLLED IN SCHOOL/TOWNSHIP RESIDENT	
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	
<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: _____	
Signature of Minor      Date	
Signature of Issuing Officer      Date of Issue      Certificate No.	