

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		
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. _____ Signature of Parent/Guardian Date	
Parent/Guardian Telephone No.		Alternate Telephone No.		

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.	
Minor's Hours of Work (Provide daily hours and/or start and end times)		If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mon _____	Tues _____	Wed _____	Thurs _____
Sat _____	Sun _____	Total Hours for Week: _____	
Wages: Per Hour _____		Weekly _____ Other _____	
		If No, describe what areas of the premises are licensed, including any outside grounds: _____	
		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	

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)	F. Issuing Officer Certification
School District Warren County	School District Warren County
County Warren	County Warren
Name of School Warren County Technical School	School District Address 1500 Route 57 Washington, New Jersey 07882
School Address 1500 Rt. 57 Washington, New Jersey 07882	Telephone No. (908) 689-0122
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 Date	_____ Signature of Issuing Officer Date of Issue Certificate No.