

**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)      |   | Minor's Job Title (Be specific)  |                        |
| City   |      | State                     | Zip Code  | Is liquor sold on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No       |                        |
| Contact Person Name  |      |                           | If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                        |
| Telephone No.  |      |                           | If No, describe what areas of the premises are licensed, including any outside grounds:   |  |                        |
| 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. |  |                        |
| Mon  | Tues | Wed                       |   |  |                        |
| 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  |                        |
| North Brunswick  |      | Middlesex                 |   | North Brunswick  |                        |
| Name of School   |      |                           | School District Address   |  |                        |
| North Brunswick High School  |      |                           | 300 Old Georges Road, North Brunswick, NJ   |  |                        |
| School Address   |      |                           | Telephone No.   |  |                        |
| 98 Raider Road, North Brunswick, NJ  |      |                           | (732) 289-3000  |  |                        |
| 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.        |