

**A300 Combined Certification Form**

Date(s) of previously issued certificates (if applicable): \_\_\_\_\_

Cooperative Education Experience (CEB) - Hazardous Occupation

CEB - 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) _____	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		
Contact Person Name _____			If No, describe what areas of the premises are licensed, including any outside grounds: _____				
Telephone No. _____		Alternate Telephone No. _____					
Minor's Hours of Work (Provide daily hours and/or start and end times)			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.				
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)							
<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 _____		County _____		
Roxbury _____		Morris _____	Roxbury _____		Morris _____		
Name of School _____			School District Address _____				
Roxbury High School _____			1 Bryant Drive, Succasunna, NJ 07876 _____				
School Address _____			Telephone No. _____				
1 Bryant Drive, Succasunna, NJ 07876 _____			973-584-1200 _____				
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. _____		