NEW JERSEY DEPARTMENT OF EDUCATION

Date Printed: _____

# 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.

☐ Male ☐ Female | Height _____ | Weight _____ | Hair Color _____ | 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? ☐ Yes ☐ No

If Yes, are the entire premises licensed? ☐ Yes ☐ 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)*

_____ Mon | _____ Tues | _____ Wed | _____ Thurs | _____ Fri

Sat _____ Sun _____ Total Hours for Week: _____

**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.

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 _____ *(Date)* and I designate the minor's physical qualifications regarding the above promise of employment as:

☐ 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: Middlesex County Vocational & Technical Schools | County: Middlesex

Name of School: Piscataway Campus

School Address: 21 Suttons Lane Piscataway NJ 08854

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: Middlesex County Vocational & Technical | County: Middlesex

School District Address: 112 Rues Lane East Brunswick, NJ

Telephone No.: (732) 985-0717

☐ 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.**