## NE

W JERSEY DEPARTM	MENT OF	EDUCATION				Date Printed:		
A300 Combined Certification Form				Date(s) of previously issued certificates (if applicable):				
Cooperative Education Experience (CEE) - Hazardous Occupation				- Non-Hazardous Occu	Paid Structured Learning Experience			
		A. Mino	r's Persona	l Information				
t Name	M.I.	Last Name		Social Security No.				
et Address (Line 1)		Floor/Apt. No. (Lin	e 2)	Date of Birth	Age	City of Birth		

	rersonal	Garage	Ţ			
First Name M.I. Last Name		Social Security N	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			
Parent/Guardian First Name Parent/Guardian Last Name		Distinguishing F	acial Marks (if application)			
Parent/Guardian Address (if different than minor's address) Floor/Apt. No.	I hereby authorize the employment of my child as specified below under Employment Information.					
	Zip Code	Employment information.				
Parent/Guardian Telephone No. Alternate Telephone No.	0.	Signature of Par	rent/Guardian	Date		
B. Empl	oyment Iı	nformation				
Employer Business Name	v	Type of Business	s/Industry			
Street Address (where minor will be employed) Floor/Suite (Line 2)		Minor's Job Title	e (Be specific)			
City State 2	Zip Code	Is liquor sold on	•	Yes No		
Contact Person Name	If Yes, are the entire premises licensed? Yes No If No, describe what areas of the premises are licensed, including any outside grounds:					
Telephone No. Alternate Telephone No.	0.					
Minor's Hours of Work (Provide daily hours and/or start and end times)  Mon Tues Wed Thurs  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 Emp	ployer	Date		
C. Physician's Certification (to be completed by licensed physician): I and I designate the minor's physical qualifications regarding the above promise ☐ Physically Qualified ☐ Physically Qualified with the following limits	e of employn	nent as:		(Date)		
Signature of Doctor Date Address						
<b>D. Proof of Age</b> (for Issuing Officer): I have examined the proof of age sub ☐ Birth Certificate ☐ Baptismal Certificate ☐ Passport ☐ Other	-		inor which was in the foce for at least one year			
Affidavit of Parent/Guardian together with 1) physician's statement of opin						
E. School Record (to be completed by school that the minor attends)		F. 1	Issuing Officer Co	ertification		
School District County	Schoo	ol District		County		
Name of School	Schoo	ol District Address	3			
School Address	Telep	hone No.				
Last Grade Completed		Regular Employment Certificate  Vacation Employment Certificate (summer & other school vacations)				
The above named minor attends school in this district and has completed the wo of the above grade. To the best of my knowledge the minor can do the work proposed without impairment of progress in school.			sued to persons 18 to 2.			
	Signa	ture of Minor		Date		
Signature of Principal Date	Signa	ture of Issuino Of	ficer Day	te of Issue Certificate No		