

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. _____					
			<i>X</i> _____		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. _____		Alternate 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)			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 _____	
			<i>X</i> _____		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 _____		
Name of School _____				Montgomery Township	Somerset		
School Address _____				School District Address 1016 Route 601, Skillman, NJ 08558			
Last Grade Completed _____				Telephone No. (609) 466-7602			
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"/> 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: _____			
			<i>X</i> _____		Date _____		
Signature of Principal _____		Date _____		Signature of Issuing Officer _____			
				Date of Issue _____	Certificate No. _____		

INSTRUCTIONS FOR WORKING PAPERS

Please complete the Working Papers in their entirety following the instructions below. When they are fully completed and executed by all parties, please bring them to the Main Office along with your Proof of Age, which would be your Birth Certificate, Passport or Baptismal Certificate. Your Working Papers will then be signed by the Issuing Agent who will also sign them on behalf of the Principal.

Section A: Please fill in your personal information and have a Parent/Guardian sign and date.

Section B: After you have completed Section A please have your employer complete, sign and date.

Section C: Please have your physician complete, sign and date this section. If you have ever been involved in high school sports, you can have the school nurse complete this section as your physical will be on file. If you had Working Papers signed by Montgomery High School in the past, you can skip this section as we will have it on file. Please verify this with us.

Section D: Please provide your Birth Certificate, Passport or Baptismal Certificate and we will make a copy of it and immediately return the original to you. If you had Working Papers signed by Montgomery High School in the past, you can skip this section as we will have it on file. Please verify this with us.

Section E: Please fill in "Last Grade Completed".

Section F: Please check off the appropriate box and then sign and date.

INSTRUCTIONS FOR WORKING PAPERS – OUT OF DISTRICT STUDENTS

Please complete the Working Papers in their entirety following the instructions below. When they are fully completed and executed by all parties, please bring them to the Main Office along with your Proof of Age, which would be your Birth Certificate, Passport or Baptismal Certificate. Your Working Papers will then be signed by the Issuing Agent who will also sign them on behalf of the Principal.

Section A: Please fill in your personal information and have a Parent/Guardian sign and date.

Section B: After you have completed Section A please have your employer complete, sign and date.

Section C: Please have your physician complete, sign and date this section. If you had Working Papers signed by Montgomery High School in the past, you can skip this section as we will have it on file. Please verify this with us.

Section D: Please provide your Birth Certificate, Passport or Baptismal Certificate and we will make a copy of it and immediately return the original to you. If you had Working Papers signed by Montgomery High School in the past, you can skip this section as we will have it on file. Please verify this with us.

Section E: Please fill in “Last Grade Completed” and have your school complete, sign and date.

Section F: Please check off the appropriate box and then sign and date.