

**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 Village of Ridgewood			Type of Business/Industry Municipal		
Street Address (where minor will be employed) 131 N. Maple Ave.		Floor/Suite (Line 2) _____		Minor's Job Title (Be specific) Camp Counselor/Badge Staff	
City Ridgewood		State NJ		Zip Code 07450	
Contact Person Name Nancy A. Bigos or Katie Frey		Is liquor sold on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Telephone No. 201-670-5560		If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Minor's Hours of Work (Provide daily hours and/or start and end times)		If No, describe what areas of the premises are licensed, including any outside grounds: None			
Mon <u>5</u> Tues <u>5</u> Wed <u>5</u> Thurs <u>5</u> Fri <u>5</u>		Total Hours for Week: <u>25</u>			
Wages: Per Hour <u>13</u> Weekly _____    Other _____		Signature of Employer <u>Katie Frey</u> 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 _____			School District Address _____		
School Address _____			Telephone No. _____		
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. _____