

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) Seasonal Maintenance/Labor	
City Ridgewood		State NJ	Zip Code 07450	Is liquor sold on the premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Contact Person Name Nancy A. Bigos or Katie Frey			If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Telephone No. 201-670-5560		Alternate Telephone No. _____		If No, describe what areas of the premises are licensed, including any outside grounds: None	
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
5	5	5	5	5	5
Sat 5		Sun 5		Total Hours for Week: _____	
Wages: Per Hour 14		Weekly _____		Other - 35	
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 _____	
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. _____