

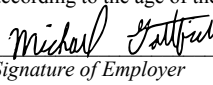
**A300 Combined Certification Form**

Date(s) of previously issued certificates (if applicable): \_\_\_\_\_

Cooperative Education Experience (CEE) - Hazardous Occupation

CEE - Non-Hazardous Occupation

Paid Structured Learning Experience

<b>A. Minor's Personal Information</b>					
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)			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>B. Employment Information</b>					
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 If Yes, are the entire premises licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe what areas of the premises are licensed, including any outside grounds: _____		
Contact Person Name					
Telephone No.		Alternate Telephone No.			
Minor's Hours of Work (Provide daily hours and/or start and end times)			<b>Promise of Employment:</b> 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.  <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">                       Signature of Employer                 </div> <div style="text-align: center;">                     03/01/2023                      Date                 </div> </div>		
Mon	Tues	Wed		Thurs	Fri
Sat _____		Sun _____		Total Hours for Week: _____	
Wages: Per Hour _____		Weekly _____		Other _____	
<b>C. Physician's Certification</b> (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:					
<input type="checkbox"/> Physically Qualified <input type="checkbox"/> Physically Qualified with the following limitations _____					
Signature of Doctor		Date	Address		
<b>D. Proof of Age</b> (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					
<b>E. School Record</b> (to be completed by school that the minor attends)		<b>F. Issuing Officer Certification</b>			
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 <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: _____			
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 Minor _____ Date _____  Signature of Issuing Officer _____ Date of Issue _____ Certificate No. _____			
Signature of Principal _____ Date _____					

## **INSTRUCTIONS FOR A300 COMBINED CERTIFICATION FORM**

**Pursuant to Executive Order 135 (Murphy) (2020), for the duration of the Public Health Emergency declared in Executive Order No. 103 (2020)**, the provisions of N.J.S.A. 34:2-21.8 and N.J.S.A. 34:2-21.10, requiring the personal appearance of the minor, and, under certain circumstances, the minor's parent or guardian, before school district issuing officers in order to apply for or sign employment certificates may be **satisfied through the use of audio-visual technology**. Each public-school district shall develop and implement procedures to satisfy the statutory requirements without requiring in-person contact between the school district issuing official and the minor, under the following conditions: **a. During the application process**, the child and the school district licensing officer may transmit a single copy of all required documentation by way of electronic transmission, fax, or any other means of transfer of documents developed by the school district that avoids in-person contact, is secure, and maintains the confidentiality of the documents; **b. The video conference shall be live** and must allow for interaction between the child and the school district issuing officer, and when applicable, the parent or guardian. During the video conference, the child shall verify his or her identity, authenticate the documents submitted, and sign the application, in a way that is visible and audible to the school district issuing officer; and **c. Following the video conference**, the child shall transmit the signed certificate, by electronic or other means as determined by the school district, to the issuing officer, who shall make the requisite copies and distribute the original and copies as required by N.J.S.A. 34:2-21.7

- 1. Employment Information** (section B) – After you have completed your personal information (section A), bring your certification form to the employer. The employer completes the Employment Information and signs and dates the Promise of Employment. If any of the employment details have been pre-filled and are incorrect, the employer must cross out the incorrect information and enter, initial and date the corrections.
- 2. Physician's Certification** (section C) – The school district is responsible for performing the physical examination at no cost to you or your parents. A school physical (including a sports physical) performed during freshman year is good for all four years of high school (unless the school district policy specifies more frequent physicals).  
If your parent/guardian prefers that you be examined by a doctor other than the one employed by the school district, you may do so at your parent/guardian's expense. A minor is not required to obtain a physical if the parent/guardian objects (in writing) based on their religious beliefs and practices.
- 3. Proof of Age** (section D) – If the school does not have a copy on file, you may be asked to provide a birth certificate, passport, baptismal certificate or other identification documentation to the School Issuing Officer.
- 4. Parent/Guardian Authorization** (section A) – Your parent/guardian must indicate his/her authorization of your employment as specified in the Employment Information by signing and dating the Parent/Guardian authorization.
- 5. School Record/Issuing Officer Certification** (sections E & F) - **Present the completed certification form to your school district.** A designated school official will review the form and issue the working papers only after being satisfied that the working conditions and hours will not interfere with your education. The official may refuse to issue working papers if such refusal would be in your best interest.\*

\* See above Executive Order 13 (Murphy) (2020) for temporary instructions.