

**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.		
Floor/Apt. No. (Line 2)		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)			
City		State	Zip Code		
Contact Person Name		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: _____			
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.		
Mon _____	Tues _____	Wed _____		Thurs _____	Fri _____
Sat _____	Sun _____	Total Hours for Week: _____			
Wages: Per Hour _____		Weekly _____		Other _____	
Signature of Employer _____		Date _____			
<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 Principal _____ Date _____		Signature of Issuing Officer _____ Date of Issue _____ Certificate No. _____			