

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		
Parent/Guardian Telephone No.		Alternate Telephone No.			
				I hereby authorize the employment of my child as specified below under Employment Information.	
				Signature of Parent/Guardian _____ 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.		
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 _____	
			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		
			<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 Principal _____			Signature of Minor _____ Date _____		
Date _____			Signature of Issuing Officer _____		Date of Issue Certificate No.