

**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)	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. Employment Information**

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)	
Mon      Tues      Wed      Thurs      Fri	<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.
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)

☐ Physically Qualified      ☐ 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):  
☐ Birth Certificate    ☐ Baptismal Certificate    ☐ Passport    ☐ Other documentary proof in existence for at least one year (specify): \_\_\_\_\_  
☐ 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)

School District	County
Name of School	
School Address	
Last Grade Completed _____	
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      Date	

**F. Issuing Officer Certification**

School District	County
School District Address	
Telephone No.	
<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: _____	
Signature of Minor      Date	
Signature of Issuing Officer	Date of Issue      Certificate No.