

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) _____	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. _____	If No, describe what areas of the premises are licensed, including any outside grounds: _____
Minor's Hours of Work (Provide daily hours and/or start and end times) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____ Total Hours for Week: _____	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.
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)	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 Minor _____ Date _____
Signature of Principal _____ Date _____	
Signature of Issuing Officer _____ Date of Issue _____ Certificate No. _____	