

SPECIAL SCHOOL PROGRAM (IF APPLICABLE) SLE OR CO-OP \_\_\_\_\_  
NEW JERSEY DEPARTMENT OF EDUCATION/A300 COMBINED CERTIFICATION FORM \_\_\_\_\_

**A. PERSONAL INFORMATION**

NAME OF MINOR \_\_\_\_\_  
ADDRESS-STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY.# \_\_\_\_\_  
PLACE OF BIRTH-CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE/COUNTRY \_\_\_\_\_  
DESCRIPTION OF MINOR-SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_  
DISTINGUISHING FACIAL MARKS \_\_\_\_\_  
NAME OF PARENT/GUARDIAN \_\_\_\_\_  
ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_

**B. EMPLOYMENT INFORMATION-TO BE COMPLETED BY EMPLOYER**

EMPLOYER TRADE NAME \_\_\_\_\_ TYPE OF BUSINESS/INDUSTRY \_\_\_\_\_  
ADDRESS WHERE MINOR IS TO BE EMPLOYED \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_  
MINOR'S JOB TITLE-BE SPECIFIC \_\_\_\_\_

PROMISE OF EMPLOYMENT-I HAVE OFFERED EMPLOYMENT TO THE ABOVE NAMED MINOR FOR THE HOURS STATED BELOW.  
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.

HOURS OF WORK (MUST INDICATE NUMBER OF HOURS AND/OR STARTING AND STOPPING TIMES):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ I \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_ TOTAL HOURS FOR WEEK \_\_\_\_\_

INDICATE IF REGULAR EMPLOYMENT CERTIFICATE \_\_\_\_\_ OR VACATION EMPLOYMENT CERTIFICATE \_\_\_\_\_  
(SUMMER AND OTHER SCHOOL VACATIONS)

WAGES \_\_\_\_\_ PER HOUR OR \_\_\_\_\_ PER WEEK OR OTHER (PLEASE SPECIFY) \_\_\_\_\_

IS LIQUOR SOLD FOR CONSUMPTION ON THE PREMISES? YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES," ARE THE ENTIRE PREMISES LICENSED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF "NO," DESCRIBE WHAT AREAS OF THE PREMISES ARE LICENSED, INCLUDING ANY OUTSIDE GROUNDS \_\_\_\_\_

SIGNATURE OF EMPLOYER \_\_\_\_\_

I HEREBY AUTHORIZE THE EMPLOYMENT OF MY CHILD AS SPECIFIED ABOVE.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**C. PHYSICIAN'S CERTIFICATION-TO BE COMPLETED BY LICENSED PHYSICIAN**

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE-NAMED MINOR ON \_\_\_\_\_ (DATE)  
AND I DESIGNATE BELOW BY PLACING A CIRCLE AROUND THE PROPER LETTER IN THE PHYSICAL QUALIFICATIONS OF THE  
MINOR SPECIFIED IN THE STATEMENT OF THE PROSPECTIVE EMPLOYER AS SHOWN ON THE PROMISE OF EMPLOYMENT

A. PHYSICALLY QUALIFIED B. PHYSICALLY QUALIFIED WITH THE FOLLOWING  
LIMITATIONS: \_\_\_\_\_

SIGNATURE OF DOCTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

**D. PROOF OF AGE-TO BE COMPLETED BY ISSUING OFFICER**

I HAVE EXAMINED THE PROOF OF AGE SUBMITTED BY THE ABOVE NAMED MINOR, WHICH WAS IN THE FORM OF:  
(CIRCLE ONE):

a. BIRTH CERTIFICATE b. BAPTISMAL CERTIFICATE c. PASSPORT d. OTHER DOCUMENTARY PROOF IN EXISTENCE FOR AT  
LEAST ONE YEAR (SPECIFY) \_\_\_\_\_ e. AFFIDAVIT OF PARENT OR 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. AGE CERTIFICATE-ISSUED TO PERSONS 18 TO 21 YEARS OF AGE**

COMPLETE SECTIONS A, D, F, G

**F. 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 \_\_\_\_\_

**G. ISSUING OFFICER CERTIFICATION**

SCHOOL DISTRICT \_\_\_\_\_ COUNTY \_\_\_\_\_

SCHOOL DISTRICT ADDRESS \_\_\_\_\_

SCHOOL DISTRICT TELEPHONE # \_\_\_\_\_

SIGNATURE OF MINOR \_\_\_\_\_

SIGNATURE OF ISSUING OFFICER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_

ENTER DATE PREVIOUSLY ISSUED EMPLOYMENT CERTIFICATE ON FILE, IF ANY \_\_\_\_\_